

SERVICE REQUEST
WHOLESALE PLAN CHECK SERVICE REQUEST
Environmental Health Division
Plan Check Program
 5050 Commerce Drive, Baldwin Park, CA 91706
 www.publichealth.lacounty.gov/eh | (626) 430-5560



Date of Request: _____

PERSON SUBMITTING	
NAME:	PHONE #:
TITLE:	EMAIL:

FOOD FACILITY INFORMATION	
BUSINESS NAME/CORPORATION NAME:	PHONE #:
ADDRESS:	EMAIL:

BUSINESS OWNER	
BUSINESS OWNER/DBA:	PHONE #:
ADDRESS:	EMAIL:

ARCHITECT/CONTRACTOR	
ARCHITECT/CONTRACTOR NAME:	PHONE #:
ADDRESS:	EMAIL:

SECTION 1: MARK THE APPROPRIATE BOX BELOW	
<input type="checkbox"/> Review of NEW construction plans for a food facility <input type="checkbox"/> Review of REMODELING plans for an existing food facility <input type="checkbox"/> Existing food facility, new owner	<input type="checkbox"/> Review of Fire Rebuild Plans for a food facility Indicate name of fire: _____

SECTION 2: ANSWER THE FOLLOWING	
Maximum # of male employees per shift: _____	Maximum # of female employees per shift: _____

FOR REMODELING ONLY: MARK ALL THAT APPLY
<input type="checkbox"/> You have a valid Public Health Permit/License. Public Health Permit/License #: _____ <input type="checkbox"/> The Facility will remain open during remodeling. (Provide operational letter indicating the measures to be taken so the remodel will not impact current operations.) <input type="checkbox"/> The Facility will remain closed during remodeling. <input type="checkbox"/> Describe the scope of the remodeling to approved plans in the space below:

SECTION 3: CALCULATE YOUR FEES

1. Check the appropriate box in the Service Request section below to select the type and size of the facility.
2. Select between **New** facility or **Remodel**.
3. Select either regular fee or expedited fee. For expedited, confirm with the Plan Check Program if the expedited service is available.
4. Add all fees to get **Total Amount Due**.

SERVICE REQUEST		
FOOD MARKET WHOLESALE	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY
	<input type="checkbox"/> Food Market - \$1,500.00 <input type="checkbox"/> Food Market Complex - \$2,314.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less - \$315.00	<input type="checkbox"/> Food Market (Expedited) - \$2,250.00 <input type="checkbox"/> Food Market Complex (Expedited) - \$3,471.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less (Expedited) - \$473.00
FOOD SALVAGER	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY
	<input type="checkbox"/> Food Salvager - \$534.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less - \$315.00	<input type="checkbox"/> Food Salvager (Expedited) - \$801.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less (Expedited) - \$473.00
WHOLESALE FOOD PROCESSING	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY
	<input type="checkbox"/> NEW or Remodel: 0 - 1,999 Sq. Ft. - \$1,754.00 <input type="checkbox"/> NEW or Remodel: 2,000 - 5,999 Sq. Ft. - \$2,164.00 <input type="checkbox"/> NEW or Remodel: 6,000 Sq. Ft. or more - \$2,586.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less - \$315.00	<input type="checkbox"/> NEW or Remodel: 0 - 1,999 Sq. Ft. (Expedited) - \$2,631.00 <input type="checkbox"/> NEW or Remodel: 2,000 - 5,999 Sq. Ft. (Expedited) - \$3,246.00 <input type="checkbox"/> NEW or Remodel: 6,000 Sq. Ft. or more (Expedited) - \$3,879.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less (Expedited) - \$473.00
FOOD WAREHOUSE	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY
	<input type="checkbox"/> NEW or Remodel: 0 - 500 Sq. Ft. - \$858.00 <input type="checkbox"/> NEW or Remodel: 501 - 4,999 Sq. Ft. - \$1,007.00 <input type="checkbox"/> NEW or Remodel: 5,000 - 9,999 Sq. Ft. - \$1,157.00 <input type="checkbox"/> NEW or Remodel: 10,000 Sq. Ft. or more - \$1,268.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less - \$315.00	<input type="checkbox"/> NEW or Remodel: 0 - 500 Sq. Ft. (Expedited) - \$1,287.00 <input type="checkbox"/> NEW or Remodel: 501 - 4,999 Sq. Ft. (Expedited) - \$1,511.00 <input type="checkbox"/> NEW or Remodel: 5,000 - 9,999 Sq. Ft. (Expedited) - \$1,736.00 <input type="checkbox"/> NEW or Remodel: 10,000 Sq. Ft. or more (Expedited) - \$1,902.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less (Expedited) - \$473.00
SHARED KITCHEN COMPLEX	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY	<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> REMODEL FACILITY
	<input type="checkbox"/> NEW or Remodel: 0 - 9,999 Sq. Ft. - \$3,102.00 <input type="checkbox"/> NEW or Remodel: 10,000 Sq. Ft. or more - \$3,731.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less - \$315.00	<input type="checkbox"/> NEW or Remodel: 0 - 9,999 Sq. Ft. (Expedited) - \$4,653.00 <input type="checkbox"/> NEW or Remodel: 10,000 Sq. Ft. or more (Expedited) - \$5,597.00 <input type="checkbox"/> Remodel: 300 Sq. Ft. or less (Expedited) - \$473.00
TOTAL AMOUNT DUE: _____		

SECTION 4: OWNER REPRESENTATIVE DECLARATION

I understand the following:

- The amount of fees paid is **NON-REFUNDABLE** and the Review/Service Request is **NON-TRANSFERABLE**.
- The fee paid is based on my declaration of the business classifications indicated above. If this declaration is incorrect, the plans will not be reviewed until the correct fee is paid.
- Plans shall be reviewed within 20 (regular) or 10 (expedited) working days after receipt of payment.
- The reviewed plans (whether approved or not) are **VALID FOR ONE YEAR**.
- Plans must be approved **prior** to commencing construction or installing any equipment.
- It is a **MISDEMEANOR** violation to begin operation without a final inspection, approval, and valid Public Health Permit/License.
- The initial Plan Check fee includes a maximum of two (2) reviews of a set of plans and two (2) field inspections. Additional plan review and inspections are charged at \$167/hour with 1 hour minimum.

Signature: _____

Date: _____

SECTION 5: HOW TO SUBMIT

The following must be submitted with your Review/Service Request:

- Copy of the existing Public Health Permit/License (for remodel only)
- One (1) set of plans for the initial review. Once reviewed and ready for approval, two (2) additional sets of plans are required.
- Manufacturers' Specification Sheets for Equipment
- Payment

PLAN SUBMISSION AND PAYMENT

The Review/Service Request, plans, supporting documents, and payment can be submitted in person, by mail, or electronically.

- If you are submitting plans online, an invoice will be generated and emailed to you along with payment instructions.
- **Do not submit your payment until you have received an invoice.**

IN-PERSON:

Submit plans and payment in person between 8:00 a.m. - 4:30 p.m., Monday through Friday, except for holidays, at:
Environmental Health Headquarters
5050 Commerce Drive,
Baldwin Park, CA 91706

Acceptable forms of in-person payment include electronic payment, cash, check, cashier's check, or money order in the exact amount due.

ELECTRONICALLY:

Submit plans and payment online using credit card (Visa, MasterCard, American Express, or Discover), debit card, and electronic check (e-check).

Visit our website for instructions:
<https://bit.ly/plancheckoffices>

Please note that there is an additional convenience fee charge using online payment.

MAIL:

Mail plans and payments to the address below. An invoice will be generated and emailed to you along with payment instructions. Make checks, cashier's check, or money order payable to the **County of Los Angeles**, and include your invoice number.

Mail to:

Environmental Health Headquarters
Attn: Plan Check Program
5050 Commerce Drive,
Baldwin Park, CA 91706

FOR OFFICE USE ONLY

Contact Office:	Amount Paid:	Invoice #:	Plan Check (Sr) #:
	Date Paid:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #:	
			Cashier's Initials:

