



DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION

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Food Facility Plan Check Application Form

Facility Type: Permanent Food Facility Mobile Food Facility ➔ Lic. Plate/VIN/Serial #: _____

Scope of Work: Site Assessment New Facility Existing Permitted Facility
 Food Prep Pre-Packaged Satellite Food Facility Vending Machine

Remodel Type: Major (≥50%) Minor (<50%) Adding Piece of Equipment (up to three)
 New/Modified Type-I Hood(s): # _____ Square Footage: _____

Risk Category: Reheating Commercially Packaged Food – No Cooking (RC1)
 Cooking, Cooling or Reheating Open Foods (RC2-3)

Project Name _____

Current/Former Facility Name (if any) _____

Project Address _____

City _____ **Zip** _____ **Phone #** _____

Contact Person (Designer/Architect/Contractor) _____

Business Name (if any) _____

E-mail Address _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

Owner/Permittee of Food Operation _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

E-mail Address _____

By my signature below, I acknowledge that I am submitting this plan check application form pursuant to Health & Safety Code section 114380.

Applicant Signature _____ **Date** _____

Applicant Name (print) _____ **Title** _____

**** Office Use Only ****

Comments -

Owner ID _____ **Facility ID** _____ **District Code/Specialist Name** _____

Program ID _____ Binder Samples **Status:** **Finald** **Deleted** **Expired**

Received By _____ **Name** _____ **Date** ____/____/____ **Account ID #** _____ **Invoice #** _____

Assigned To _____ **Name** _____ **Date** ____/____/____ **Check Number #** _____ **Amount Paid: \$** _____

Plan Check SR #: _____ **P/E Code(s):** _____ **Due Date:** _____