

HEALTH & HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

Healthy People in Healthy Communities

SAN BENITO COUNTY ENVIRONMENTAL HEALTH DEPARTMENT FOOD FACILITY PLAN CHECK/CONSTRUCTION APPLICATION

[California Retail Food Code 114380]

(Revised November 27, 2019)*

Facility/Business Name:			
Facility/Business Address:			
Mailing Address (if different from above):			
Applicant/Owner Name:			_
Phone #:	_ Fax #:	e-mail:	
Person to contact regarding plans:			
Phone #:	_ Fax #:	e-mail:	
Date Plan Check Submitted:			
Signature of Applicant/Owner:			
Section A: To be completed by the applicant/owner. 1. These plans are for: New Facility Construction [] Remodel Existing [] (CRFC 113715. Any construction, alteration, remodeling, or operation of a food facility shall be approved by the enforcement agency and shall be in accordance with all applicable local, state, and federal statutes, regulations, and ordinances, including but not limited to, fire, building, and zoning codes.) 2. Type of Food Facility (Restaurant/Market/Other):			
		or Multi Service []	-
3. Seating Capacity:	Square Footage o	of Floor Area:	
4. Submit 3 sets of plans. Plans shall be drawn to scale ¾" = 1'0". Elevation drawings shall be scaled ½" = 1'0". In addition, include location and name of Local Small Water System or name of municipal water service for this facility. 5. Submit all specification data information ("cut sheets") for all pieces of equipment. Non-commercial home appliances/equipment are not allowed.			
6. Completed Section B (food	I facility general requiremen	ts): Yes[] No[]	
7. Completed Section C (hot	water supply calculations):	Yes [] No [] N/A []	
8. Completed Section D (exha	aust hood calculations):	Yes [] No [] N/A []	
9. Plan Check Fee (must be paid in advance, as per schedule A): \$			