

Application for Plan Review/Evaluation of:

- Check Food Facility [1602]
 one Mobile Food Facility (Truck or Cart) [1603]

Attachments:	Fees:
<input type="checkbox"/> One (1) set of complete, easily readable plans, drawn to scale (minimum of 1/4" per foot). Two (2) additional sets will be required prior to final plan approval. <input type="checkbox"/> One (1) set of equipment specifications. <input type="checkbox"/> Samples of proposed floor and ceiling materials may be required. <input type="checkbox"/> Proposed Menu	Application fee (non-refundable).....\$255 Plan Review and Inspection fees\$161/hour <i>NOTE: Plan Review fees are in addition to the application fee and are charged by the minute. Services include, but are not limited to: reviewing blueprints, phone calls, emails, meetings, consultations, evaluations, all inspections and final approvals.</i>

Please read the EHS policy on Plan Review Fees CAREFULLY before completing this application:
<http://www.countyofsb.org/uploadedFiles/phd/PROGRAMS/EHS/10-10%20Plan%20Review%20Billing%20Information%20Sheet.pdf>

Important Notes (Please Read)

- ✓ Allow 20 business days for the initial review of plans.
- ✓ Plans found to be unsatisfactory will be returned for revision.
- ✓ Project approval will not be issued until all fees are paid.
- ✓ Upon project completion, **but prior to OPENING**, you will be required to pay all outstanding Plan Review balances. Balances must be paid prior to applying for annual Health Permit. The annual health permit fee will be based upon the square footage of your establishment.

FOR OFFICE USE ONLY

SR: _____ AR: _____ District: _____

Billing Information (This section **MUST** be completed. Incomplete information will result in project delays)

Name: Last _____ First _____
 Care of: _____
 Billing Address: _____ Suite/Apt/Unit: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Cell: (_____) _____ Email: _____

Business Owner Information

Owner(s) Name: Last _____ First _____
 Care of: _____
 Mailing Address:: _____ Suite/Apt: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Cell: (_____) _____ Fax (_____) _____
 E-mail: _____
 Name of Corporation or Limited Liability Company _____

Facility Information

Are you a new owner for this facility?
 Yes
 No

Facility/Business name (DBA): _____
 Facility/Business address: _____ Suite/Apt: _____
 City: _____ State CA Zip _____
 Phone: (_____) _____ Cell: (_____) _____ Email: _____
 Previous establishment name: _____

Facility Information, Continued

Water Supply: Public Utility Private Well | **Sewage Disposal:** Public Sewer Onsite Septic System

Plan Check Information

Name of contractor/contact person _____ Title _____
Business name (DBA) _____
Business address _____ City _____ State _____ Zip _____
Phone (____) _____ Cell: (____) _____ Fax: (____) _____
E-mail: _____

CONSTRUCTION APPROVAL

When signed by the Environmental Health Specialist, this application shall be deemed a Permit to Construct for the work described. Do not begin construction until plans have been approved by Environmental Health Services. Please note additional permits (e.g., electrical installation, land use clearance, grading) may also be required from other agencies. THIS PERMIT TO CONSTRUCT SHALL EXPIRE upon completion of the task authorized or one year from date of issuance, whichever comes first. No changes from the approved plans are permitted without prior written approval by Environmental Health Services.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I agree to comply with all county ordinances and state laws relating to building, development and construction. I hereby authorize representatives of Santa Barbara County to enter the premises for the purpose of inspecting the work described herein for compliance with county requirements.

REQUIRED INSPECTIONS / FINAL CLEARANCE

An inspection must be scheduled directly with the approving Environmental Health Specialist at least two (2) days in advance for each of the following:

- 1) Plumbing
- 2) Pre-Final
- 3) Final Inspection

Print Name _____ **Title:** _____

Signature: _____ **Date:** _____

APPLICATION DISPOSITION: **Approved** **Denied**

Signed _____ **Date:** _____
Environmental Health Specialist

FOR DEPARTMENT USE ONLY

Application Fee: Rec'd By: _____ Date Rec'd: _____ Amount Rec'd: \$ _____

Check CC Cash Other Check Date: _____ Chk/CC #: _____ Receipt No: _____

Final Construction approved by: _____ SR#: _____ Report 5373 attached on: _____

Permit Conditions: _____