



# PLAN CHECK - ADDITIONAL SERVICES REQUEST

## RETAIL FOOD FACILITY

Environmental Health Division

5050 Commerce Drive, Baldwin Park, CA 91706-1423

[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh)



<b>Date of Request:</b>	<b>Name and Title of Person Submitting:</b>
<b>Phone #:</b>	<b>Email:</b>

<b>FOOD FACILITY</b>	<b>NAME:</b>	<b>PHONE NUMBER:</b>	
	<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b> <b>ZIP:</b>
	<b>E-MAIL ADDRESS:</b>		

<b>BUSINESS OWNER</b>	<b>NAME:</b>	<b>PHONE NUMBER:</b>	
	<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b> <b>ZIP:</b>
	<b>E-MAIL ADDRESS:</b>		

<b>SERVICE REQUEST</b>	<b>Select service(s) you are requesting:</b>
	<input type="checkbox"/> Site Evaluation <input type="checkbox"/> Additional Plan Review <input type="checkbox"/> Equipment Evaluation <input type="checkbox"/> Restamping Previously Approved Plans <input type="checkbox"/> Additional Inspection <input type="checkbox"/> Modification of Plans <input type="checkbox"/> Outside Agency Review <input type="checkbox"/> Consultation Services

FOR SITE EVALUATION	
Approximate date business closed: _____	_____ <b>INITIALS</b>
I understand that that plan submittal may be required: <ul style="list-style-type: none"> <li>• If the facility underwent construction, alteration, addition/replacement of equipment</li> <li>• If the facility does not meet the current California Retail Food Code requirements</li> </ul>	_____ <b>DATE</b>

FOR MODIFICATION OF A PREVIOUSLY APPROVED PLAN
<b>Describe the scope of the modification:</b>

OWNER REPRESENTATION DECLARATION
I understand the following: The amount of fee paid is NON-REFUNDABLE and the application is <b>NON-TRANSFERRABLE</b> . <ul style="list-style-type: none"> <li>• The reviewed plans (whether approved or not) are <b>VALID</b> for <b>ONE YEAR</b>.</li> <li>• Plans must be approved prior to beginning construction or installing any equipment.</li> <li>• It is a <b>MISDEMEANOR</b> violation to begin operation without final inspection, approval, and valid Public Health Permit/License.</li> <li>• Fee for initial 1-hour service is \$167.</li> <li>• Additional plan review, inspections, and other services are charged at an hourly rate of \$167, with 1 hour minimum.</li> </ul>
<b>Signature:</b> _____ <b>Date:</b> _____

OFFICE USE ONLY		
<b>CONTACT OFFICE</b>	<b>PAYMENT</b>	<b>PLAN CHECK NUMBER:</b> _____
Amount Paid: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	SR#: _____ INVOICE#: _____
Date Paid: _____	Cashier's Initials: _____	Reviewed by: _____