

Ventura County Environmental Health Division 800 S. Victoria Ave., Ventura 93009-1730 TELEPHONE: 805-654-2813 FAX: 805-654-2480 Internet Web Site Address: www.vcrma.org/divisions/environmental-health

## RETAIL FOOD PLAN CHECK APPLICATION

Note: Plans will NOT be accepted unless this application is <u>completed</u>, and the applicable fee is paid. Please refer to the <u>Plan Check Fee Schedule</u> and <u>Plan Check Guide</u> for additional information.

Jobsite Information:				
Facility Name:				
Facility Address:	C	City:		Zip Code:
Type of Food Facility:  □ 1999 sq. ft or less  □ Prepackaged food only, 1999 sq. ft or less  □ Prepackaged food only, 1999 sq. ft or less  □ Mobile Food Facility □ MFF Type 1, 2, 3 □ MFF Type 4 □ Mobile Support Unit				
□ New Construction □ Remodel of a currently operating facility FA#				
or New Business □sq. ft (remodeled area) or □ Minor# of Items  Briefly Describe Scope of Work/Extent of Remodel:  ## of Items				
Business Owner Information:				
Name:		Title:		
Address (Street, City, Zip):				
Contact Phone:	Email:			Fax:
Architect/Contractor/Requestor:				
Name:	Title: Comp		any:	
Address (Street, City, Zip):				
Primary Contact Phone:	Email:			Fax:
Items Submitted:				
□ 3 Sets of Plans drawn to scale □ Menu □ Equipment Layout □ Equipment Schedule □ For Remodels Only: Current Floor Plan & Proposed Floor Plan				
<ul> <li>Important Notes:         <ul> <li>Allow 20 business days for the plan review.</li> <li>The fee paid is NON-REFUNDABLE once the initial review has begun. The fee paid is based on your declaration indicated above. If this declaration is incorrect, the plans will not be reviewed until the correct fee is paid.</li> <li>Do NOT begin construction until plans have been approved and a Permit to Construct has been issued by the Environmental Health Division and the appropriate local or county Building and Safety Department.</li> <li>By completing/submitting this form and signing below, you acknowledge that you have read and understand the terms above.</li> <li>Signature</li> <li>Date:</li> </ul> </li> </ul>				
Date Rec'd Rec'd By Amt Rec'd \$ Receipt #				
Date Rec'd Rec'd By  Type of Payment: □ Check#	•		Red □ Otl	•
Type of Payment: ☐ Check# SR# PE#	□ Credit ( IN#	AR#	Oti	Location: