COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court, Lakeport, CA 95453-9739
Lakeport Office (707) 263-1164/FAX 263-1681

RETAIL FOOD FACILITY PLAN CHECK APPLICATION

☐ **New Construction** ☐ **Remodel**

Business Name: _____

Owner/Operator: _____

Business Address: _____

City _____ Zip Code_____ Phone/Cell: _____

Plan Check Contact: _____

Mailing Address: _____

City _____ Zip Code_____ Phone/Cell: _____

Fax # _____ email: _____

Size of Entire Building (in square feet):_____ Seating Capacity: _____

Former Business Name (if applicable):_____

Water Supply: ☐ Private ☐ Public Name of Water System: _____

Sewage Disposal: ☐ Septic System ☐ Community Sewer: (Name) _____

Type of Facility: (Mark all that apply)

☐ Restaurant ☐ Restaurant/Bar ☐ Bar ☐ Retail Market ☐ Prepackaged Foods

☐ Mobile Food Facility ☐ Caterer ☐ Bakery ☐ Deli ☐ B & B ☐ Other_____

Documents Being Submitted Include: (3 sets of the following)

☐ Site Plan ☐ Scaled Floor Plan ☐ Grease Interceptor/Trap Specification Sheet ☐ Menu

☐ Equipment List & Specifications ☐ Room Finish Schedule ☐ Ventilation Hood Worksheet

☐ Hourly Hot Water Demand Table ☐ Other_____

I acknowledge that final construction must be approved by Lake County Environmental Health, and a **valid Health Permit must be applied for, paid for, and issued prior to opening** for business or use of remodeled areas.

_____ _____ _____
Print Name Signature Date

For Office Use Only·

Date Received: _____
Category: _____
Fee Amount: _____
Receipt #: _____
Facility No: _____

☐ New Business – Opening: ____/____/____
☐ Existing Establishment: _____
☐ Change of Ownership: _____/_____/_____
Former Name: _____
Inspection Freq._____ Due____/____/____

Circle:
Retail/Restaurant
Seasonal/Annual
LR: 1332 1333
HR: 1364 1365

Fees: Low Risk-New: $522; Low Risk-Remodel: $256; High Risk-New: $591; High Risk-Remodel: $464