



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: _____		<input type="checkbox"/> New Business – Opening: ____/____/____		Circle:
Category: _____		<input type="checkbox"/> Existing Establishment: _____		Retail/Restaurant
Fee Amount: _____		<input type="checkbox"/> Change of Ownership: ____/____/____		Seasonal/Annual
Receipt #: _____		Former Name: _____		LR: 1332 1333
Facility No: _____		Inspection Freq. _____ Due ____/____/____		HR: 1364 1365

Fees: Low Risk-New: \$576; Low Risk-Remodel: \$282; High Risk-New: \$651; High Risk-Remodel: \$512