

## 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: \_\_\_\_\_ ☐ Septic System ☐ Community Sewer: (Name) Sewage Disposal: 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 ☐ Room Finish Schedule ☐ Ventilation Hood Worksheet ☐ Equipment List & Specifications ☐ 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: ☐ New Business – Opening: \_\_\_\_/\_\_\_/ Circle: Date Received: \_\_\_\_\_ ☐ Existing Establishment: \_\_\_\_\_ Category: Retail/Restaurant Fee Amount: ☐ Change of Ownership: \_\_\_\_/\_\_\_ Open/3mos/6mos Former Name: \_\_\_\_\_ Receipt #: Open Year Around Inspection Freq.\_\_\_\_\_ Due\_\_\_/\_\_ / N. Shore/S. Shore Facility No: