



COUNTY OF RIVERSIDE • COMMUNITY HEALTH AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for Review of Food Establishment Construction/Remodel Plans

For Office Use

Date _____ Fee \$ _____ Ck. # _____ Trans. # _____ Dist. # _____ Area # _____ SR # _____

Note: Plans will not be accepted unless this application is complete, and the plan check fee is paid.

Establishment Name: _____

Job Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: (____) _____

E-mail Address: _____ Fax: (____) _____

Contact's Address: _____ City: _____ Zip: _____

Owner/Operator Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

A. General Construction (Additional operations may be subject to extra fees)

New Food Facility _____ Remodel or Existing Food Establishment _____ Explain Remodel: _____

Total Sq. Ft. (including all seating areas) _____ Hours of Operation _____

Seating Capacity for dining _____ Number of workers per Shift _____

B. Service (Indicate ALL methods of food service to the public):

Menu: A menu of food and beverages sold at this facility is required to be submitted at time of plan submittal

On-site preparation (cooking, cutting, assembly, etc.): Yes _____ No _____ Soup or salad bar: Yes _____ No _____

Customer Self-Service Dispensers: Yes _____ No _____ Full Service Bar: Yes _____ No _____

Type of customer utensils (cups, plates, forks, etc.) Multi-service (re-usable) _____ or Single Services (disposable) _____

C. Utilities (Will-Serve Letters):

Water Service: _____ Public Water System **Name of Water Company:** _____

_____ Private Well (must be Environmental Health Land Use approved).

Sewer Disposal: _____ Public Sewer System **Name of Sewer Company:** _____

_____ Septic System (must be Environmental Health Land Use approved).

Grease Interceptor: Provide from Sewer District a Grease Interceptor size requirement letter or waiver letter.

Owner/Representative Declaration: I certify that I have read the entire application and state that all information is correct. I understand that the amount of fee paid is based on my declaration of information on this form, and that incorrect information is grounds for denial of the submitted plans. I also understand that plans will be discarded if not picked up within sixty (60) days of approval or denial, and that no inspection of my establishment will be conducted, or approval granted to operate, until all proper information requested has been received and plans have been approved and returned. *I have reviewed the Plan Construction Guide and my plans follow the guide.*

Signature _____ **Date** _____