



APPLICATION FOR PLAN REVIEW

(Please print clearly, using BLUE or BLACK ink ONLY)

| FACILITY INFORMATION | | | |
|---|--|--|---|
| Business Name: | | | |
| Address: | City: | State: | ZIP: |
| LEGAL OWNER INFORMATION | | | |
| Owner's Name: | | | |
| Address: | City: | State: | ZIP: |
| Email: | Phone Number: | | |
| ARCHITECT/ENGINEER | | | |
| Name: | Contact Person: | | |
| Address: | City: | State: | ZIP: |
| Email: | Phone Number: | | |
| SELECT TYPE OF PLAN REVIEW | | | |
| Food Market Retail <input type="checkbox"/> 25 - 5,999 Sq. Ft. <input type="checkbox"/> 6,000 + Sq. Ft. Retail Food Processing <input type="checkbox"/> 1 - 1,999 Sq. Ft. <input type="checkbox"/> 2,000 – 5,999 Sq. Ft. <input type="checkbox"/> 6,000 + Sq. Ft. | Restaurant Seating Capacity <input type="checkbox"/> 0-60 Seats <input type="checkbox"/> 61 + Simple Remodel <input type="checkbox"/> Less than 300 Sq. Ft. <input type="checkbox"/> Site Evaluation <input type="checkbox"/> Equipment (Add/Change) | Swimming Pools/Spas <input type="checkbox"/> Simple Remodel <input type="checkbox"/> Major/New Construction Food Warehouse & Vehicles <input type="checkbox"/> Food Warehouse <input type="checkbox"/> Food Vehicle <input type="checkbox"/> Food Cart | Misc. <input type="checkbox"/> Massage <input type="checkbox"/> Body Art <input type="checkbox"/> HACCP Plan Review |
| <p>OWNER/REPRESENTATIVE DECLARATION: I understand that the fee paid is NON-REFUNDABLE and the application is NON-TRANSFERABLE. The fee paid is based on my declaration of the business classification indicated above. I understand that the plans will not be reviewed until the correct fee is paid. The fee includes initial plan review, resubmittal, preliminary and final inspection. Additional resubmittals, consultations or field inspections will be charged at the hourly rate (minimum 1 hour).</p> <p>I understand reviewed and approved plans are valid for one year from the date of approval. Plans must be approved prior to commencing construction or installation of any equipment. Note: Mechanical, Plumbing, and Electrical permits may be required as a result of the construction. Contact the Permit Center at (626) 744-4200 for additional requirements.</p> | | | |
| Signature: | | Date: | |
| Print Name: | | Title: | |

***** DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY *****

| FEES AND DECADE INFORMATION | | | |
|-----------------------------|--------------|--------------|-------------|
| Date Paid: | Amount Paid: | Received By: | Entered By: |