



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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PLAN CHECK APPLICATION FOR FOOD FACILITY

SCOPE OF WORK:

NEW CONSTRUCTION

REMODEL (A REMODEL IS DEFINED AS WORK BEING DONE TO AN EXISTING FOOD FACILITY

MAJOR REMODEL MINOR REMODEL

CONSULTATION

WATER SOURCE IF OUTSIDE CITY LIMITS:

WELL WATER COMPANY NAME

WASTE WATER DISPOSAL: SEPTIC TANK SEWER SYSTEM

APPROXIMATE COMPLETION DATE: (PENDING APPROVAL OF PLANS*)

INCLUDED WITH APPLICATION:

ONE SET OF COMPLETE, EASILY READABLE PLANS DRAWN TO SCALE (MINIMUM OF 1/4" PER FOOT).

TWO ADDITIONAL SETS WILL BE REQUIRED PRIOR TO FINAL PLAN APPROVAL.

ONE SET OF EQUIPMENT SPECIFICATIONS (SAMPLES OF FLOORING MATERIAL MAY BE REQUIRED).

PLEASE NOTE:

- ADDITIONAL PERMITS (FOR EXAMPLE- ELECTRICAL INSTALLATION, LAND USE CLEARANCE, GRADING) MAY ALSO BE REQUIRED FROM OTHER AGENCIES.
ALLOW 20 WORKING DAYS FOR THE INITIAL PLAN REVIEW

*CONSTRUCTION MAY NOT BEGIN UNTIL PLANS ARE APPROVED IN WRITING BY THIS DEPARTMENT
*HEALTH DEPARTMENT APPROVAL EXPIRES IN ONE YEAR IF CONSTRUCTION HAS NOT BEGUN BY THAT TIME

BUSINESS AND OWNER INFORMATION

BUSINESS NAME (DBA)

PRIOR BUSINESS NAME AND TYPE OF BUSINESS

BUSINESS SITE ADDRESS

SIZE OF ESTABLISHMENT (EXCLUDING DINING AND OFFICE SPACE) SQUARE FEET

OWNER NAME(S)

OWNER MAILING ADDRESS

OWNER EMAIL ADDRESS

OWNER TELEPHONE NUMBER FAX NUMBER

CONTRACTOR/ ARCHITECT INFORMATION

NAME OF CONTACT PERSON OR ARCHITECT/ CONTRACTOR

ARCHITECT/ CONTRACTOR MAILING ADDRESS

ARCHITECT/ CONTRACTOR EMAIL ADDRESS

ARCHITECT/ CONTRACTOR TELEPHONE NUMBER

FOR OFFICE USE ONLY

DATE RECEIVED RECEIVED BY ASSIGNED TO ENTERED BY ENTERED DATE

PE# CONSULTATION AMOUNT DUE AMOUNT PAID CHECK OR CC AUTH # CASH

NONPROFIT: TAX ID # VETERAN EXEMPT DD214 ATTACHED YES NO

PR# SR# FA# INVOICE NUMBER

INSPECTOR APPROVED DATE