

County of Santa Cruz

Health Services Agency

Environmental Health Division

701 Ocean Street, Room 312, Santa Cruz, CA 95060 (831) 454-2022 Fax: (831) 454-3128 TDD/TTY - Call 711 <u>www.scceh.com</u>

FACILITY EVALUATION OR PLAN REVIEW APPLICATION

(check type	e of request):	n	ddition	☐ Remodel	☐ New Cons	struction/ Development	
BUSINESS NAME				FOR OFFICE USE			
FACILITY A	ADDRESS					DATE	
CITY	STATE	ZIP		CASH/CHK/MON CHK#	IEY ORDER	AMT	
OWNER/ APPLICANT						CHECK DATE	
OWNER MAILING ADDRESS				CHECK ISSUED B	Y		
CITY	CITY STATE ZIP			PROG. ELEMENT		SERVICE REQUEST #	
PHONE	NE E-MAIL			CASH REGISTER VALIDATION			
AUTHORIZED AGENT: ARCHITECT/DESIGNER							
CONTACT PERSON							
MAILING ADDRESS							
CITY STATE ZIP							
PHONE	E-MAIL						
FOOD	☐ PE Food Facility Eva	luation					
	Type of Food Service (Check all t	Include th	he following with your Evaluation request:				
	☐ Breakfast ☐ Coffee ☐ Walk-Up ☐ Delivery		□ Menu				
	□ Lunch □ Ice Cream □ Seating □ Catering □ Dinner □ Alcohol □ Wait Staff □ Vending □ PE 1732- Minor Plan Review/ Overage HourlyHRS □ PE 1730- Equipment Change/ Addition			□ Food Facility Evaluation vs. Plan Review Questionnaire □ Planning Dept. Zoning Clearance (Unincorporated) Include the following with your Plan Review Application: □ Menu □ Equipment Specs □ Construction Checklist □ Planning Dept. Zoning			
	☐ PE 1710- Food Plan Review (Up to 1500 SQ FT) ☐ PE 1720- Food Plan Review (Over 1500 SQ FT)		□ Constr	uction Checklis		ning Dept. Zoning ance (Unincorporated)	
	-						
POOL/	☐ PE 1751- Minor Plan Review/ Overage HourlyHRS □			he following fo	r Plan Revie	w Application:	
SPA				 □ Plans □ Equipment Specification Sheets 			
				Planning Dept. Zoning Clearance (Unincorporated)			
BODY		Fueluetien					
BODY ART				ie following fol	Evaluation	or Plan Review:	
	Billibil body Artifal Review	, 110dily1110	□ Plans □ Planni	ng Dept. Zonin	g Clearance	(Unincorporated)	
OTHER	☐ PE, HourlyHR	S			0	(,	
I Certify the of the Coudesignatir	nat I am the Owner-Agent for this facility. E unty's cost for inspections and all other a ng the agent as their Agent for Service of ds will only be made to whomever made	By signing this form, the owner is ctions related to noncompliance Process for all matters relating	with project a	approval condition			
	knowledge that the above noted FACILI ent regarding Zoning/Building Code requ			ilding permit. I m	ust contact the	e local Planning and Building	
OWNER/ APPLICANT SIGNATURE:			DATE:				
AUTHORIZED AGENT SIGNATURE:			DATE:				
FACILITY REVIEW APPROVED BY:				, EHS_DATE:			