



Plan Check Service Request Form: Food Facility Construction SR# _____

County of Orange Health Care Agency/Public Health Services/Environmental Health
1241 E. Dyer Rd., Suite 100, Santa Ana, CA 92705
Telephone: (714) 433-6074 / FAX: (714) 433-6424

Jobsite Information

Facility Name:		
Former Facility Name (if applicable) :		
Facility Address:		
City:	Zip:	Square Footage of Construction:
<input type="checkbox"/> New construction	<input type="checkbox"/> Remodel	Remodels: <input type="checkbox"/> Yes <input type="checkbox"/> No Change in ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No Will facility continue to operate during the remodel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Items submitted: <input type="checkbox"/> Plans	<input type="checkbox"/> Finish samples	<input type="checkbox"/> Menu <input type="checkbox"/> Spec Sheets
Scope of Work/Extent of Remodel:		
Facility Type: (e.g. restaurant, packaged market, food truck)	Projected date of completion:	

Submitter/Requestor Information

Submitter:	Title:
Company:	
Company Address:	
City:	Zip:
Primary Contact Email:	Phone:

Owner/ Property Manager Information

Facility Owner:		
Owner Address:		
City:	State:	Zip:
Owner's Representative:	Title:	
Representative's Email:	Phone:	

- Each person and/or entity noted on this application has authority to manage the project, including requesting copies of plans and comment letters, receiving status updates, submitting changes, or cancelling the project.
- All County records are considered to be legal public records and, unless exempt under the California Public Records Act (Government Code Section 6250 et seq.), are subject to review or release to anyone who makes a request. Once plans are submitted to the County of Orange for review, all records submitted are deemed a public record.
- Refund policy: Refunds can be obtained only when requested prior to the initial review of the plan.
- **By completing and submitting this form, you acknowledge that you have read and understand the terms above.**

For Office Use Only

Date Received:	Received by:	PC PE:	Fee:	HSO#:
Payment Method	FA#	PR#	FPS Inspector:	
Date Assigned:	Assigned to:	FPS Supervisor		