



COUNTY OF LAKE

HEALTH SERVICES DEPARTMENT

Division of Environmental Health
922 Bevins Court, Lakeport, CA 95453-9739
Lakeport Office (707) 263-1164/FAX 263-1681

FOOD FACILITY PLAN CHECK APPLICATION

New Construction **Remodel**

Business Name (DBA): _____

Operator: _____

Address: _____

City _____ Zip Code _____

Phone # _____ Fax # _____

Plan check Contact Person: _____ Phone# _____

Address: _____

City _____ Zip Code _____

EMAIL: _____

Size of Entire Building (in square feet): _____ Seating Capacity: _____

Former Business Name (if applicable) _____

Water Supply: Public Private Name of Water System: _____

Sewage Disposal: Septic System Community Sewer: (Name) _____

Type of Facility: (Mark all that apply)

Mobile (Vehicle) Bar Restaurant Bed & Breakfast Prepackaged Foods

Store / Market: Butcher Deli Bakery Other _____

Submit menu or a list of items being prepared.

Plans Being Submitted Include:

Site Plan Floor Plan Equipment List & Specifications Room Finish Schedule

Ventilation Hood Worksheet Other _____

I acknowledge that final construction must be approved by Lake County Environmental Health and a valid health permit must be issued prior to opening for business or use of remodeled areas.

Print Name

Signature

Date

For Office Use Only

Date Received: _____

Category: **9451** **9450**

Fee Amount: **\$223** **\$514**

Receipt #: _____

Facility No: _____

New Business – Opening: ____/____/____

Existing Establishment: _____

Change of Ownership: ____/____/____

Former Name: _____

Inspection Freq. _____ Due ____/____/____

Circle:

Retail/Restaurant

Open/3mos/6mos

Open Year Around

Lakeport/S.Shore