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County of Orange Health Care Agency/Public Health/Environmental Health
 1241 E. Dyer Rd., Suite 120, Santa Ana, CA 92705
 Telephone: (714) 433-6074 / FAX: (714) 433-6424
<http://ocfoodinfo.com/plancheck>

Plan Check Service Request Form: Food Facility New Construction/Remodel

It is very important that all contact information is provided as it will be used to provide status updates and requests for more info.

Jobsite Information

Facility Name:		City:	
Facility Address <small>(including unit/apt/suite):</small>			
Former Facility Name <small>(if applicable):</small>			Zip:
New Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(New if not already an existing food facility)</small>		Change of Ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale	
Facility Type:	<input type="checkbox"/> Bakery	<input type="checkbox"/> Confectionery	<input type="checkbox"/> Prepackaged Store
	<input type="checkbox"/> Bar	<input type="checkbox"/> Food Truck/Cart Commissary	<input type="checkbox"/> Processing Plant
	<input type="checkbox"/> Market	<input type="checkbox"/> Food Truck/Cart	<input type="checkbox"/> Restaurant
		<input type="checkbox"/> School	<input type="checkbox"/> Warehouse
		<input type="checkbox"/> Other _____	
Square Footage of Construction:		If Remodel, is facility operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Submittals: <small>(Check all that apply)</small> <input type="checkbox"/> Plans <input type="checkbox"/> Finishes <input type="checkbox"/> Menu <input type="checkbox"/> Spec Sheets			
Scope of Work/Extent of Remodel:			

Submitter/Requestor Information

Submitter:		Title:	
Company:			
Company Address:			
City:		State:	Zip:
Email:	Phone:	Fax:	

Owner/ Property Manager Information

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

For Office Use Only

Fee:	Date Received:	PC PE:
Payment Method:	Received By:	FPP PE:
Check#:	Date Assigned:	FA#:
HSO#:	Assigned To:	PR#:
	FPP Inspector:	FPP Supervisor: