

RETAIL FOOD PLAN REVIEW APPLICATION

Type of Project: **Retail Food Facility** **Mobile Unit**

Name of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Contact Person: _____

Phone Number: _____ Email: _____

Provide a brief description of the project and work to be conducted:

Approximate Cost of the Project: \$ _____

Billing Information

Please note that ALL plan reviews are charged on a time and materials basis for actual costs incurred by the Department. In some cases, a deposit is required to be paid at the time of plan submittal from which costs are subtracted by the Department. If the amount of the deposit proves inadequate to cover departments costs, the individual indicated below will be billed the remaining balance after completion of the plan review. Any remaining deposit balance after completion of the plan review will be credited or refunded.

Contact Name for Billing: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Business Owner Information

Name of Owner: _____

Home Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Signature of Plan Review Applicant

Print Name: _____

Signature: _____ Date: _____

Relationship to Project: Owner Contractor Architect Other: _____

Office Use Only

Plan Review Number: _____ District Number: _____ Assigned to: _____ Approval Date: _____

Approved Plans picked up by: _____ Date: _____

Payment

Date: _____ Amount: \$ _____ Pmt. Type: _____ Ck. #/Auth. # _____

Imperial County Division of Environmental Health- (442) 265-1888