

**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:**

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**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. 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: \_\_\_\_\_

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**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**