



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Application for Review of Food Facility
Construction/Remodel Plans

For Office Use

Date Fee \$ Ck. # Trans. # Dist. # Area # SR #

Note: Plans will not be accepted unless this application is complete and the plan check fee is paid.

DBA:

Job Address: City: Zip:

Owner/Operator Name:

Address: City: Zip:

Phone: E-mail Address:

Contact Person: Phone:

E-mail Address: Fax:

Contact's Address: City: Zip:

A. Fixed Facilities (Additional operations may be subject to extra fees):

New Fixed Food Facility Remodel of Existing Fixed Food Facility

Describe Construction:

Total Square Feet (including seating areas)

Describe type of operation

Seating capacity for dining Number of workers per shift Hours of operation

B. Service (Fixed Food Facilities Only) (Indicate ALL methods of food service to the public):

Menu: A menu of food and beverages sold at this facility is required at time of plan submittal.

On-site preparation (cooking, cutting, assembly, etc.): Yes No Soup or salad bar: Yes No

Customer Self-Service Dispensers: Yes No Full Service Bar: Yes No

Type of customer utensils (cups, plates, forks, etc.): Multi-service (re-usable) or Single Service (disposable)

C. Utilities (Fixed Food Facilities Only) (Will-Serve Letters):

Water Service: Public Water System Name of Water Company:

Private Well (must be Environmental Health Land Use approved).

Sewer Disposal: Public Sewer System Name of Sewer Company:

Septic System (must be Environmental Health Land Use approved).

Grease Interceptor: Provide, from Sewer District, a Grease Interceptor size requirement letter or waiver letter.

D. Mobile Food Facilities (MFF):

Type of MFF (hot dog, shaved ice, ice cream, tamales, etc.)

Occupied (stand inside while operating) Non-Occupied

Vehicle License # (if applicable)

Proposed Commissary and Address

Owner/Representative Declaration: I certify that I have read the entire application and state that all information is correct. I understand the amount of fees paid are based on my declaration of information on this form, and that incorrect information is grounds for denial of the submitted plans. I also understand that plans will be discarded if not picked up within sixty (60) days of approval or denial, and that no inspection of my establishment will be conducted, or approval granted to operate, until all proper information requested has been received and plans have been approved and returned. I have reviewed the Plan Construction Guide and my plans follow the guide.

Signature Date

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org