



Food Facility Plan Check Application

Date: _____

Amount: _____

Check No. _____

Receipt No. _____

Fees	<input type="checkbox"/> \$1,037 (Facility > 5,000 sq.ft.) <input type="checkbox"/> \$691 (Facility < 5,000 sq.ft.) <input type="checkbox"/> \$345 (Minor Remodel, i.e. bathroom remodel, change in hood, walk-in addition, wall removal, etc.)
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Business	Name: _____ Location Address: _____ _____ Mailing Address: _____ _____ Telephone: _____ FAX: _____ Email: _____
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Owner	Name: _____ Mailing Address: _____ _____ Telephone: _____ FAX: _____ Email: _____
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Plan Preparer	Name: _____ Mailing Address: _____ _____ Telephone: _____ FAX: _____ Email: _____
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Infra-structure	Located within incorporated town/city <input type="checkbox"/> Yes <input type="checkbox"/> No Served by city/public water system? <input type="checkbox"/> Yes <input type="checkbox"/> No Served by a city/public sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Please verify that the zoning and associated requirements, the wastewater disposal system, and the water supply are adequate for the type and size of the food facility proposed.
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I certify that the information in this application is complete and accurate and that I have been provided and have reviewed Butte County's [Food Facility Plan Check Resource Guide](#).

Signature

Date

Printed Name

Update: September 23, 2019