BUTTE COUNTY PUBLIC HEALTH

Food Facility Plan Check Application

Date paid: _____

Amount: _____

Check No. _____

Receipt No. _____

Fees

❒ **$894** (Facility >5,000 sq.ft.) ❒ **$631** (Facility 1,000-5,000 sq.ft.) ❒ **$526** (Facility <1,000 sq.ft.)

❒ **$210** (Minor Remodel, i.e. bathroom remodel, change in hood, walk-in addition, wall removal, etc.)

Business

Name: _____

Location Address: _____

_____

Mailing Address: _____

_____

Telephone: _____ FAX: _____ Email: _____

Owner

Name: _____

Mailing Address: _____

_____

Telephone: _____ FAX: _____ Email: _____

Plan Preparer

Name: _____

Mailing Address: _____

_____

Telephone: _____ FAX: _____ Email: _____

Primary Contact: ❒ Owner ❒ Applicant ❒ Plan Preparer ❒ Other (attach contact info)

Infra-structure

Located within incorporated town/city? ❒ Yes ❒ No

Served by city/public water system? ❒ Yes ❒ No

Served by a city/public sewer system? ❒ Yes ❒ 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.

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

Updated: December 21, 2011

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