



# Food Facility Plan Check Application

Date paid: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Check No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_

<b>Fees</b>	<input type="checkbox"/> <b>\$999</b> (Facility > 5,000 sq.ft.) <input type="checkbox"/> <b>\$666</b> (Facility < 5,000 sq.ft.) <input type="checkbox"/> <b>\$333</b> (Minor Remodel, i.e. bathroom remodel, change in hood, walk-in addition, wall removal, etc.)	
<b>Business</b>	Name: _____ Location Address: _____ Mailing Address: _____ Telephone: _____ FAX: _____ Email: _____	
<b>Owner</b>	Name: _____ Mailing Address: _____ Telephone: _____ FAX: _____ Email: _____	
<b>Plan Preparer</b>	Name: _____ Mailing Address: _____ Telephone: _____ FAX: _____ Email: _____	
Primary Contact: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Plan Preparer <input type="checkbox"/> Other (attach contact info)		
<b>Infra-structure</b>	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.	
I certify that the information in this application is complete and accurate and that I have been provided and have reviewed Butte County's <b><i>Food Facility Plan Check Resource Guide</i></b> .		
_____ Signature	_____ Date	_____ Printed Name

Update: September 1, 2017