

County of Santa Cruz

Health Services Agency

Environmental Health Division

701 Ocean Street, Room 312, Santa Cruz, CA 95060 (831) 454-2022 Fax: (831) 454-3128 TDD/TTY - Call 711 <u>www.scceh.com</u>

FACILITY EVALUATION OR PLAN REVIEW APPLICATION

(check type of request):		☐ Facility Evaluation ☐ Equipment Change/ Addition		ddition	☐ Remodel ☐ New Construction/ Development			
BUSINESS NAME					FOR OFFICE USE			
FACILITY A	ADDRESS						DATE	
CITY		STATE	STATE ZIP		CASH/CHK/MONEY ORDER CHK#		AMT	
OWNER/	APPLICANT				CHRIT		CHECK DATE	
OWNER MAILING ADDRESS					CHECK ISSUED BY	Y		
CITY		STATE	STATE ZIP		PROG. ELEMENT		SERVICE REQUEST #	
PHONE		E-MAIL	E-MAIL		CASH REGISTER VALIDATION			
AUTHORIZED AGENT: ARCHITECT/DESIGNER								
CONTACT PERSON								
MAILING ADDRESS								
CITY STATE ZIP			ZIP					
PHONE		E-MAIL						
FOOD PE Food Facility Evaluation								
	Type of Food Ser	vice (Check all tha	t Apply):	Apply): Include t		he following with your Evaluation request:		
	☐ Breakfast ☐ C	•			□ Menu			
		ce Cream Seatin	-		=		eview Questionnaire	
		lcohol 🗆 Wait S				-	Unincorporated)	
	☐ PE 1732- Minor Plan Review/ Overage HourlyHRS ☐ PE 1730- Equipment Change/ Addition ☐ PE 1710- Food Plan Poviow (Up to 1500 SO ET)			Include the following with your Plan Review Application: □ Menu □ Equipment Specs □ Construction Checklist □ Planning Dept. Zoning				
	☐ PE 1710- Food Plan Review (Up to 1500 SQ FT) ☐ PE 1720- Food Plan Review (Over 1500 SQ FT)			□ Constr □ Plans	uction Checkiis		ing Dept. Zoning ince (Unincorporated)	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·					
POOL/	·				clude the following for Plan Review Application:			
SPA				□ Plans	Equipment Specification Sheets			
					Planning Dept. Zoning Clearance (Unincorporated)			
BODY		-	valuation			·	or Plan Review:	
BODY ART	☐ PE Body Art Facility Evaluation				ie ioliowing iol	Evaluation	or Plan Review:	
7.11.1	Billion body	Ale Flair Review, 1			ng Dept. Zonin	g Clearance (Unincorporated)	
OTHER	□ PE, I	HourlyHRS		<u> </u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		
I Certify that I am the Owner-Agent for this facility. By signing this form, the owner is authorizing the agent to legally bind the owner to responsibility for payment of the County's cost for inspections and all other actions related to noncompliance with project approval conditions. Finally, by signing this form, the owner is designating the agent as their Agent for Service of Process for all matters relating to this application. Any refunds will only be made to whomever made the payment.								
I also acknowledge that the above noted FACILITY REVIEW does not constitute a use or building permit. I must contact the local Planning and Building Department regarding Zoning/ Building Code requirements and restrictions for this property.								
OWNER/ APPLICANT SIGNATURE:					DATE:			
AUTHORIZED AGENT SIGNATURE:					DATE:			
FACILITY REVIEW APPROVED BY:					, EHS_DATE:			