

# Consumer Protection Program Plan Check Application

APPLICATION OR PLAN CHECK APPROVAL EXPIRES ONE YEAR FROM DATE OF APPLICATION OR APPROVAL

## CHECK ONE:

- NEW CONSTRUCTION       RECONSTRUCTION       NEW EQUIPMENT ONLY

Name of Facility (DBA): \_\_\_\_\_  
Business Location: \_\_\_\_\_  
Business Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Architect/ Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

## FOOD:

- Food Plan Check (under 1500 sq. feet floor space-PE 1710)  
 Food Plan Check (over 1500 sq. feet floor space-PE 1720)  
 Food Equipment Replacement (PE 1730)  
 Food Site Evaluation/ Hourly (PE1732) \_\_\_\_\_ HRS

## POOL/SPA:

- Pool/Spa Plan Check (PE 1741)  
 Pool/Spa Equipment Replacement (PE 1757)  
 Minor Plan Check/ Hourly (PE 1751) \_\_\_\_\_ HRS  
(Anti-entrapment, resurfacing, decking, fencing/enclosure)

## OTHER:

- Other: \_\_\_\_\_

**NOTE: An extra hourly rate fee will be billed where extra time is required**

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Please make payment to COUNTY OF SANTA CRUZ. Fee enclosed \$ \_\_\_\_\_

I (we) agree to construct this facility in compliance with all applicable State laws and pertinent local ordinances. I certify that the information on these plans is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

Computer # \_\_\_\_\_ Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ MO \_\_\_\_\_ CO/MA \_\_\_\_\_ Category Code \_\_\_\_\_

PLAN CHECK APPROVED \_\_\_\_\_, EHS      DATE \_\_\_\_\_