



# 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 [www.scceh.com](http://www.scceh.com)

### FACILITY EVALUATION OR PLAN REVIEW APPLICATION

(check type of request):     Facility Evaluation     Equipment Change/ Addition     Remodel     New Construction/ Development

BUSINESS NAME		FOR OFFICE USE	
FACILITY ADDRESS			DATE
CITY	STATE	ZIP	CASH/CHK/MONEY ORDER CHK# _____
OWNER/ APPLICANT			AMT
OWNER MAILING ADDRESS		CHECK ISSUED BY	
CITY	STATE	ZIP	PROG. ELEMENT
PHONE	E-MAIL	SERVICE REQUEST #	
AUTHORIZED AGENT: ARCHITECT/DESIGNER		CASH REGISTER VALIDATION	
CONTACT PERSON			
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE	E-MAIL		

<b>FOOD</b>	<input type="checkbox"/> PE _____ - Food Facility Evaluation <b>Type of Food Service (Check all that Apply):</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Coffee <input type="checkbox"/> Walk-Up <input type="checkbox"/> Delivery <input type="checkbox"/> Lunch <input type="checkbox"/> Ice Cream <input type="checkbox"/> Seating <input type="checkbox"/> Catering <input type="checkbox"/> Dinner <input type="checkbox"/> Alcohol <input type="checkbox"/> Wait Staff <input type="checkbox"/> Vending	<b>Include the following with your Evaluation request:</b> <input type="checkbox"/> Menu <input type="checkbox"/> Food Facility Evaluation vs. Plan Review Questionnaire <input type="checkbox"/> Planning Dept. Zoning Clearance (Unincorporated)
	<input type="checkbox"/> PE 1732- Minor Plan Review/ Overage Hourly _____HRS <input type="checkbox"/> PE 1730- Equipment Change/ Addition <input type="checkbox"/> PE 1710- Food Plan Review (Up to 1500 SQ FT) <input type="checkbox"/> PE 1720- Food Plan Review (Over 1500 SQ FT)	<b>Include the following with your Plan Review Application:</b> <input type="checkbox"/> Menu <input type="checkbox"/> Equipment Specs <input type="checkbox"/> Construction Checklist <input type="checkbox"/> Planning Dept. Zoning Clearance (Unincorporated) <input type="checkbox"/> Plans
	<b>POOL/ SPA</b> <input type="checkbox"/> PE _____ - Pool/Spa Facility Evaluation Review <input type="checkbox"/> PE 1751- Minor Plan Review/ Overage Hourly _____HRS <input type="checkbox"/> PE 1757- Pool/ Spa Equipment Changes/ Additions <input type="checkbox"/> PE 1741- Pool/ Spa Plan	<b>Include the following for Plan Review Application:</b> <input type="checkbox"/> Plans <input type="checkbox"/> Equipment Specification Sheets <input type="checkbox"/> Planning Dept. Zoning Clearance (Unincorporated)
<b>BODY ART</b>	<input type="checkbox"/> PE _____ - Body Art Facility Evaluation <input type="checkbox"/> PE 1911- Body Art Plan Review/ Hourly _____HRS	<b>Include the following for Evaluation or Plan Review:</b> <input type="checkbox"/> Plans <input type="checkbox"/> Planning Dept. Zoning Clearance (Unincorporated)
	<b>OTHER</b> <input type="checkbox"/> PE _____, Hourly _____HRS	

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: \_\_\_\_\_