

COUNTY OF LAKE

HEALTH SERVICES DEPARTMENTDivision of Environmental Health

Division of Environmental Health 922 Bevins Court, Lakeport, CA 95453-9739 Lakeport Office (707) 263-1164/FAX 263-1681

RETAIL FOOD FACILITY PLAN CHECK APPLICATION

!		☐ New Construction	n 🗆 Remodel
Business Name:			
Owner/Operator:			
Business Address:			
City	Zip Code	Phone/Cell:	
Plan Check Contact:			
Mailing Address:			
City	Zip Code	Phone/Cell:	
Fax #	email:		
Size of Entire Building (in square	eet): Seating Capacity:		
Former Business Name (if applica	able):		
Water Supply: ☐ Private ☐	Public Name of	Water System:	
Sewage Disposal: ☐ Septic S	System Comm	unity Sewer: (Name)	
Type of Facility: (Mark all th	nat apply)		
☐ Restaurant ☐ Restaurant/	Bar □ Bar □] Retail Market □ Pre	packaged Foods
☐ Mobile Food Facility ☐ Cate	erer 🗌 Bakery 🛭] Deli □ B&B □ Oth	er
Documents Being Submitted	Include: (3 sets o	f the following)	
☐ Site Plan ☐ Scaled Floor Pla	an 🛘 Grease Inte	ceptor/Trap Specification S	Sheet Menu
☐ Equipment List & Specification	s 🛘 Room Finish	Schedule Ventilation	Hood Worksheet
☐ Hourly Hot Water Demand Ta	ble Other		
I acknowledge that final constru valid Health Permit must be use of remodeled areas.			
Print Name	Si For Office U	gnature Jse Only·	Date
Date Received:		s – Opening://	Circle:
Category:	ll .	blishment:	II
Fee Amount:	☐ Change of O	wnership:/	Seasonal/Annual
Receipt #:			LR: 1332 1333
Facility No:	Inspection Freq.	Due/	HR: 1364 1365

Fees: Low Risk-New: \$615; Low Risk-Remodel: \$301; High Risk-New: \$695; High Risk-Remodel: \$547