

Shasta County Department of Resource Management

Environmental Health Division

1855 Placer Street, Suite 201, Redding CA 96001

Telephone (530)225-5787 Fax (530)225-5413

ehd.co.shasta.ca.us

REQUEST FOR PLAN REVIEW

Please check applicable box(es) here before completing form. Provide 1 complete sets of plans and pay any applicable plan review fees noted (per facility/unit) when submitting this request.

Contact Person _____

Mailing Address _____

Phone Number _____

Facility Name _____

Facility Address _____

E-mail Address _____

	Food Facility (Fee: New - \$295.86, Remodel - \$73.98)	PLANNING DIVISION REVIEW APN _____ Anderson ___ Redding ___ Shasta Lake ___ Zoning _____ Use Permitted Without Use Permit _____ Use Permitted Only With Approved Use Permit _____ Date _____ Planner _____				
	Water Systems (Fee: varies, refer to fee schedule)					
	Housing/Bed & Breakfast (Fee: \$295.86)					
	Body Art Program (Fee: New - \$295.86 Remodel - \$73.98)					
		Received By	Date	Amount	Cash	Check
				\$		

1. Applies to Food Facilities only. Please check the appropriate.

New Construction ___ Remodel ___

Utensils Used: Multiuse _____ Single Service (disposable) _____

Sewage Disposal: Public/Community Sewer _____ or Septic Tank _____

Name of Public/Community Sewer _____

Water Supply: Public Water System _____ or Private Water System _____

Name of Public Water System _____

Food Products: Prepackaged Products _____ or Foods prepared on site _____ (Check both if applicable)

2. Applies to Public Water Systems only.

Water Source: _____

(i.e., well, spring, creek, other)

No. of Service Connections: _____

No. of Individuals Served: _____ Days/Year _____

Will this service schools, mobile home park, or other multiple use? _____

3. Housing (Full plan of facility not required - food service only).

Bed and Breakfast: Food prepared at site _____ or Prepackaged _____
Sewage Disposal: Public/Community Sewer _____ or Septic Tank _____
Name of Public/Community Sewer _____
Water Supply: Public Water System _____ or Private Water System _____
Name of Public Water System _____

Provide verification that ice machines/dispensers meet NSF or equipment standards.
Note location of ice machines/dispensers on floor plan.

Glassware/Ice Containers Used in Rooms: Multiuse _____ Single Service (disposable) _____
If multiuse, how will glassware/ice containers be sanitized?

4. Body Art Program

Sewage Disposal: Public/Community Sewer _____ or Septic Tank _____
Name of Public/Community Sewer _____
Water Supply: Public Water System _____ or Private Water System _____
Name of Public Water System _____

Methods of Sterilization of Needles/Equipment _____
Methods of Sharps Disposal _____
List of Body Art procedures to be conducted _____

NOTE: A facility shall not open without a valid permit to operate. In order to obtain a permit, submit proper permit application, pay applicable fees, and contact this office for a pre-opening inspection.