Food Facility
Plan Check Application

Date paid: _____

Amount: _____

Check No. _____

Receipt No. _____

Fees

❒ **$237.50** (2-hour minimum)

❒ **$**_____ (2-hour minimum, plus _____ hours at 118.75 hourly rate)

Business

Name: _____

Location Address: _____

_____

Mailing Address: _____

_____

Telephone: _____ FAX: _____ Email: _____

Owner

Name: _____

Mailing Address: _____

_____

Telephone: _____ FAX: _____ Email: _____

Plan Preparer

Name: _____

Mailing Address: _____

_____

Telephone: _____ FAX: _____ Email: _____

Primary Contact: ❒ Owner ❒ Applicant ❒ Plan Preparer ❒ Other (attach contact info)

Infra-structure

Located within incorporated town/city? ❒ Yes ❒ No

Served by city/public water system? ❒ Yes ❒ No

Served by a city/public sewer system? ❒ Yes ❒ No

Note: Please verify that the zoning and associated requirements, the wastewater disposal system, and the water supply are adequate for the type and size of the food facility proposed.

I certify that the information in this application is complete and accurate and that I have been provided and have reviewed Tuolumne County's ***Food Facility Plan Check Resource Guide***.

_____ _____

Signature Date Printed Name