



RETAIL FOOD FACILITY PLAN CHECK APPLICATION

- MAJOR PLAN CHECK MINOR PLAN CHECK NEW EQUIPMENT (1/2 hour)

Food Facility Name: APN: - -

Site Address: (street, city, zip)

Water Source: Private Well Public Water - Agency:

Sewage Disposal: Private Septic Public Sewer: Grease Interceptor: Yes No

Owner Name:

Email: Phone No.

Mailing Address: (street, city, zip)

Contractor Name:

Email: Phone No.

Mailing Address: (street, city, zip)

Contact Person: Owner Contractor Both Building Permit No:

Please check the following that apply and include in your Plan Check Submittal:

- Submit two (2) sets of detailed plans drawn to scale.
Floor plan showing equipment layout.
Equipment checklist/method of installation
Equipment manufacturer specification sheets
Room finish schedule with names and specifications or samples for: Floors Walls Base Coving Ceiling
Plumbing layout and hot water demand. Include floor sinks and water heater BTU or kW rating, recovery rate and capacity.
Electrical layout
Exhaust hood ventilation and make-up air systems. Complete worksheets. Submitted to fire district for approval.
Site plan, including inside and outside waste storage locations
Number of seats: Indoor: Outdoor:
Proposed Menu (if restaurant)
Plan check application (this page), fee agreement form, plan check fees

Plans may be submitted to the Building Department at the same time they are submitted to Environmental Health, however, a building permit will not be issued until Environmental Health approves the plans. Changes in ongoing plans may require additional time for plan check and approval by the Environmental Health Department and will be billed at the hourly rate if it exceeds the initial deposit.

FOOD PLAN CHECK APPROVAL WILL EXPIRE ONE YEAR FROM DATE OF APPROVAL

I have read the above "checklist" and all items checked are completed or marked not applicable. Further, I recognize that an incomplete or inaccurate permit application will result in delaying the processing and issuing of my permit and may incur additional fees at the current hourly rate above the initial deposit.

Signature

Title - Contractor Number

Date



**Community
Development
Agency**

Environmental Health Department

950 Maidu Avenue Suite #170 PH: (530) 265-1222 ext. 3
 PO BOX #599002 FAX: (530) 265-9854
 Nevada City, CA 95959 Env.Health@nevadacountyca.gov
www.nevadacountyca.gov

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: - -	Name:
Property Owner/Business Name (if applicable):	Address:
Address:	
	Telephone:
Email:	Email:

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

_____ Dated: _____ CDL# _____
 Printed Name

 Signature

THIS SECTION FOR OFFICE USE ONLY

Service: _____	Program: _____	Job No: _____
Amount: \$ _____	Check #: _____	Receipt #: _____
Date of Receipt: _____		
Service: _____	Program: _____	Job No: _____
Amount: \$ _____	Check #: _____	Receipt #: _____
Date of Receipt: _____		