



APPLICATION FOR PLAN REVIEW

| THIS SECTION TO BE COMPLETED BY APPLICANT | | | |
|---|-------------------|---------------------------------|--------------|
| FACILITY INFORMATION | | | |
| Facility Name: | Date: | Phone Number: | |
| Address: | City: | State: | Zip: |
| Former Facility Name (if applicable): | | | |
| OWNER INFORMATION | | | |
| Owner of Facility: | | Phone Number: | |
| Facility Owner Mailing Address: | City: | State: | Zip: |
| Email(s): | | | |
| CONTACT INFORMATION | | | |
| Contact Person: | | Phone Number: | |
| Contact Mailing Address: | City: | State: | Zip: |
| Email(s): | | | |
| FOOD FACILITY PROJECT INFORMATION | | | |
| <input type="checkbox"/> New Facility <input type="checkbox"/> Existing Food Facility Remodel | | | |
| <input type="checkbox"/> Retail <input type="checkbox"/> Mobile Food <input type="checkbox"/> Wholesale - Distributor <input type="checkbox"/> Wholesale - Processor <input type="checkbox"/> Host Facility | | | |
| Square Footage (ft ²): | Seating Capacity: | Max Number Employees Per Shift: | |
| RECREATIONAL HEALTH PROJECT INFORMATION | | | |
| <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Facility Remodel | | | |
| <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Spray Grounds <input type="checkbox"/> Interactive Water Feature <input type="checkbox"/> Wading Pool <input type="checkbox"/> Water Park <input type="checkbox"/> Special Purpose <input type="checkbox"/> Other | | | |
| SCOPE OF WORK | | | |
| Describe Nature of Work: | | | |
| <p>*If the facility has an exhaust hood, include a completed Commercial Hood/Mechanical Exhaust Data Sheet</p> <p>Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.</p> | | | |
| For Office Use Only | | | |
| Fee: | FA Number: | Record ID: | PE Number: |
| Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N | Date: | Designated Employee: | Received By: |
| Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate | | Changes (please specify): | |