

Sonoma County
Department of Health Services
Environmental Health Division
475 Aviation Blvd., Suite 220, Santa Rosa, CA 95403
(707) 565-6531 FAX (707) 565-6525
www.sonoma-county.org

For office use only	
Date of App	_____
Site ID#	_____
Permit #	_____
Dist	_____ Plan Loc _____
Fee \$	_____

PLAN REVIEW APPLICATION

Food Establishment Pool/Spa

Please print clearly:

Establishment name _____

Site address _____ Ste # _____ City _____ Zip _____

Owner name _____ Phone _____ FAX _____

Mailing address _____ Ste # _____ City/state _____ Zip _____

Contact person _____ Phone _____ FAX _____

Mailing address _____ City/state _____ Zip _____

Water supply: Public Private well Sewage disposal: Public Private AP# _____

Type of Construction:

New construction Remodel If remodel, what is extent of remodel? _____

Pool/Spa Plan Review: Number of pools _____ Number of spas _____

Food Establishment Plan Review:

Extent of Food Service (check all that apply):

Prepackaged food only Food preparation without cooking Food preparation with cooking

I understand that these plans will be approved or disapproved (letter sent to contact person requesting additional information) within 20 working days after being submitted to this Department. The plans will not be approved until all the required information is submitted. It is the applicant's responsibility to obtain all necessary building permits. The building department will not issue a building permit for a food facility or pool/spa until it has received an approved set of plans from this office.

I also understand I cannot open this facility until I have received written approval from this office, obtained a Health Permit, and approval by all applicable agencies. If a food facility opens for business without a valid Food Industry Health Permit, the operator is subject to closure of the facility and a penalty not to exceed three times the cost of the Food Industry Health permit.

Print name _____ Title _____

Applicant signature _____ Date _____

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Notes: _____

Plans reviewed by _____ Date _____

Approved by _____