MERCED COUNTY

COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
Division of Environmental Health

2222 "M" Street
Merced, CA 95340
(209) 381-1100
(209) 384-1593 (FAX)
http://www.countyofmerced.com/eh
Equal Opportunity Employer

Food Facility Plan Review Application & Questionnaire

Type of Food Facility: ☐Permanent Food Facility ☐Mobile Food Facility ☐Other:

Type of Construction: ☐New* ☐Remodel/Tennant Improvement

*Submit a Health Permit Application / Data Entry Form for new construction or when remodeling for new tenants.

Business Information

Food Establishment Name (as presented onsite)

Street Address | City | State | Zip Code

Business Owner Information

Legal Business Owner Name | Phone | Email

If the owner is a LLC, Inc, Cooperative, Association, or LP, submit the most current filing with the Secretary of State of signatories or officers.

Street Address | City | State | Zip Code

I, _____, as the business owner, grant permission to the applicant to submit plans and have the work indicated in the plans performed.

Signature:_____ Date:_____

Submitter Information: ☐Same information as the Business Information

Submitter Name | Contact / Secondary Contact Name

Phone | Email(s)

Street Address | City | State | Zip Code

- Review cannot begin until complete plans and specification sheets have been submitted, and the plan review fee is paid. Submitting incomplete plans or application may delay the plan review process.
- Initial plan review fee amount may not cover the entire plan review time. Additional hours will be billed at the current hourly rate. Fee schedule may be viewed at: http://www.countyofmerced.com/eh
- **Approval** of the plans and specifications is required **prior** to beginning construction or remodel.
- Any deviations from the approved plans without prior approval from Merced County Division of Environmental Health (MCDEH) may delay or prevent timely opening of this food establishment, and may require "As Built" plans to be submitted before the project can be "Finaled".
- Inspection must be scheduled at least 5 business days in advance.
- I, _____, certify that I have read the conditions above and the information in this questionnaire is correct to the best of my knowledge.

Signature:_____ Date:_____

For office use only:	FA	SR

MERCED COUNTY

COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
Division of Environmental Health

2222 "M" Street
Merced, CA 95340
(209) 381-1100
(209) 384-1593 (FAX)
http://www.countyofmerced.com/eh
Equal Opportunity Employer

Food Facility Plan Review Application & Questionnaire

Menu

Attach a full menu of all food and beverages to be stored or served at this food facility. A market may group prepackaged food and/or services into categories.

- Making/manufacturing dairy products (including softserve ice cream) and/or meat products may require review from the California Department of Food and Agriculture.
- Special processes may require review from the California Department of Public Health.
  - Canning
  - Juice Bottling
  - Jarring

Cutlery/ Dining Ware

☐Disposable ☐Reusable ☐N/A (markets only)

Permanent Food Facility

N/A (skip this part)

☐Satellite Food Facility ☐Outdoor Bar ☐BBQing ☐Outdoor Wood Burning Oven

☐Clean in Place Equipment ☐"Pet Friendly" Restaurant ☐Onsite Slaughtering

Commissary Service

N/A (skip this part)

Square footage of dedicated refrigerated storage for commissary... _____ sqft

Square footage of dedicated freezer storage for commissary…….. _____ sqft

Square footage of dedicated dry storage for commissary……..…….. _____ sqft

Indicate on plans the access route to sewer and water connection _____ sheet number

Mobile Food Facility:

N/A (skip this part)

☐Single Operating Site(multiple carts) ☐Have Auxiliary Sinks

☐Compact Mobile Food Operation; Indicate Preapproved Plan Number (if applicable) SR_____

Water Source

(permanent food facility only)

☐Public/Municipal Water System; Provide name of water utility: ☐Private Well	

Sewer Type

(permanent food facility only)

☐Public/Municipal Sewage; Provide name of water utility: ☐Septic System	

Organic Waste (SB1383 CalRecycle Requirements)

If your facility meets tier 1 or 2 as defined in CCR14 Section 18991.3, indicate on the plans for space reserved for food recovery and/or space designated to store compost bin storage.

Food Recovery Space Sheet(s)_____ Bin Storage Sheet(s)_____

For office use only: Check submitted forms ☐Plans ☐Spec Sheets ☐Data Entry Form

FA:	SR:	AR:	IN:
Date of Payment:	Date of complete submission:	Due Date:	Application reviewed by: