



A Tradition of Stewardship  
A Commitment to Service

### Food Plan Check Application

**Project Name:** \_\_\_\_\_

Current Facility Name, if any: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City Phone

**Contact Person:** \_\_\_\_\_

Business Name, if any: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip Code

Phone/Fax/e-mail: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip Code

Phone/Fax/e-mail: \_\_\_\_\_

General Construction Information:     New Food Facility             Remodel of Existing Food Facility

Description of Operation: \_\_\_\_\_

Square Footage (include dining areas): \_\_\_\_\_ Number of Indoor Seats : \_\_\_\_\_

Number of Outdoor Seats: \_\_\_\_\_ Meals Served (circle):    Breakfast    Lunch    Dinner

Hours of Operation: \_\_\_\_\_

Service: (Check all that apply)

- Food and drinks prepared onsite (cooking, cutting, assembling, mixing, etc)
- Prepackaged foods and beverages only
- Soup or salad bar/consumer self-service bar
- Full service bar/alcoholic beverages prepared
- Food samples prepared and offered to customers
- Customer utensils:             Multi-service (re-useable)     Single Service (disposable)
- Barbequed foods prepared
- Outdoor service areas/beverage bar
- Takeout/delivery
- Catering

Utilities:

Sewage Disposal:     Septic System     Public Utility    Water System Name: \_\_\_\_\_

Office Use Only		
Plans complete and accepted on: _____		By _____
<input type="checkbox"/> High risk (Full prep)	<input type="checkbox"/> Resubmittal	Receipt# _____
<input type="checkbox"/> Medium risk	<input type="checkbox"/> Minor remodel (No building permit)	Amt Pd _____
<input type="checkbox"/> Low risk (Prepackaged only)		Est# _____

The items below have been included with the plans being submitted at this time. It is understood that omission of any required information will result in a delay in the plan approval. Once all required items are received and the plan check fee paid, the plans will be reviewed or rejected within **20 business days** as mandated by the California Retail Food Code, Section 114380.

Yes	No	Requirements
		One complete set of plan drawn to scale (1/4 inch/foot). Note: for facilities located within City of Napa – plans must have green City stamp. Two copies of the plans will be required for final approval
		One set of equipment manufacturer specification sheets for all equipment including counters, cabinets and shelving (submit 2 sets if you would like a set back with the approved plans)
		Vicinity map and site plan showing refuse storage area, walk-in refrigerators, freezers, barbecues or any related equipment outside the facility
		Floor plan showing equipment layout
		Plumbing plan showing hot and cold water; waste lines from fixtures; water heater location (gallons, BTU's or kW's); floor sinks and/or floor drains. Provide spec sheet for water heater
		Electrical plan including lighting; photometric plan may be required
		Interior room finish schedule including walls, floors, base and ceiling. Show type of material and surface finish; material samples must be included
		Kitchen exhaust ventilation plans including make-up air. Provide drawings, calculations, details and UL listing card, if applicable
		Hand sinks in all preparation areas as required and restrooms shown with soap and towel dispensers
		Janitorial sinks or area provided; adequate area for floor mat washing; plumbed to approved septic system or sewer district with written approval from the appropriate agency
		Utensil washing facilities and food preparation sink plumbed to floor sink via an approved air gap
		Restrooms
		Employee change room and storage facilities
		Dry storage area – <i>floor space</i> equal to two (2) square feet/seat for facilities with onsite dining <u>or</u> 25% of the kitchen for facilities without onsite dining <u>or</u> whichever is greater
		Storage for chemical or toxic cleaners and cleaning supplies
		Linen storage (clean and dirty)
		Proposed menu; HACCP, if applicable

OWNER/REPRESENTATIVE DECLARATION: I certify that I have reviewed this application and state that all information is correct. I understand that the fee paid is based upon my declaration of information on this form and incorrect information is grounds for denial of the submitted plans. I also understand that plans will be discarded if not picked up within sixty (60) days of approval or denial. Plans once approved are valid for one (1) year from date of approval. An inspection of my facility will not be conducted, nor will approval be granted to operate until all proper information requested has been received and approved. I also understand any necessary permits must be obtained from applicable agencies prior to beginning construction.

Print Name	Title
Applicant Signature	Date