

Additional fee required when requesting Expedited Plan Check

Expedited Plan Check: ____ Yes

First Response Due: _____



Alameda County
Environmental Health Department

(7 working days)

PLAN CHECK WORKSHEET

PR#

AR#

INV#

All fields in the yellow box are required and must be legible to avoid delays

Requestor yellow portion only	New Facility	Existing	Change of Ownership	Facility ID
Establishment Name:	Identify Pool/SPA*			
Food () # of New Hood Exhaust fans	New Dishwasher w/Hood	Cannabis:	Pool	Spa
Street Address:	City + Zip:			
Requestor/Contact Person:	Phone No.:			
E-mail	Phone No.:			
Business Owner's Name:	City + Zip:			
E-mail:	City + Zip:			
Owner's Address:	City + Zip:			

*For permitted facilities make sure the establishment name and address match the current health permit. *Identify Pool and Spa name if MORE than 1 at the site*

For Office Use:

Service Request No.: _____ Census Tract: _____

Date First Received: _____

Plan Checker: _____ District E. H. Specialist: _____

Plan Review Log No. Unit _____ -- _____ -- _____

Program Element: _____ Fee: \$ _____ Payment: \$ _____ Payment Type: _____

Hood-Program Element: _____ Fee: \$ _____ Expedited-Program Element: _____ Fee: \$ _____

Comments: _____

Activity Codes		O = Office	F = Field
CODE	TIME .25/HR.	DATE	ACTIVITY

When project is completed/terminated, sign here: _____ Date: _____
Circle one of the above Plan Check Worksheet