

There is an additional amount required when requesting Expedited Plan Check

Expedited Plan Check: Yes No

First Response Due: _____

(7 working days)

**County of Alameda
Department of Environmental Health**

PLAN CHECK WORKSHEET

Requestor yellow portion only:

Establishment Name: _____

Food () Cannabis: Yes () No () Recreation : Pool () Spa ()

Street Address: _____ City + Zip: _____

Requestor/Contact Person: _____

Phone No.: _____ E-mail: _____

Owner's Name: _____ Phone No.: _____

Owner's Address: _____ City + Zip: _____

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