

PLAN CHECK - ADDITIONAL SERVICES REQUEST

RETAIL FOOD FACILITY

Environmental Health Division



5050 Commerce Drive, Baldwin Park, CA 91706-1423 www.publichealth.lacounty.gov/eh

Date of	f Request:	Name and Title of Person Submitting:					
Phone #:			E	Email:			
	NAME: PHONE NUMBE					R:	
FOOD FACILITY	ADDRESS:	ESS:			STATE:	ZIP:	
	E-MAIL ADDRESS:						
BUSINESS OWNER	NAME:				PHONE NUMBER:		
	ADDRESS:		CITY:		STATE:	ZIP:	
	E-MAIL ADDRESS:						
⊢	Select service(s) you are requesting:						
SERVICE REQUEST	☐ Site Evaluation ☐ Modification of I☐ Additional Inspection ☐ Equipment Evalu			☐ Restamping Previously Approved Plans	☐ Fire Rebuild Review Indicate Name of Fire:		
SE		an Review		☐ Consultation Services			
FOR SITE EVALUATION							
	Approximate date business closed:						
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☐ Cash ☐ Check # _

Cashier's Initials:

Amount Paid: _

Date Paid:

_ INVOICE#: _

SR#: _

Reviewed by: _