385 N Arrowhead Ave, 2nd floor, San Bernardino, CA 92415
Email: EHS.CustomerService@dph.sbcounty.gov
Website: wp.sbcounty.gov/dph/ehs
Text/Call: 800.442.2283
Fax: 909.387.4323

SAN BERNARDINO COUNTY | **Public Health**
Environmental Health Services

APPLICATION FOR PLAN REVIEW

THIS SECTION TO BE COMPLETED BY APPLICANT

FACILITY INFORMATION

Facility Name:	Date:	Phone Number:	
Address:	City:	State:	Zip:

Former Facility Name (if applicable):

OWNER INFORMATION

Owner of Facility:		Phone Number:	
Facility Owner Mailing Address:	City:	State:	Zip:

Email(s):

CONTACT INFORMATION

Contact Person:		Phone Number:	
Contact Mailing Address:	City:	State:	Zip:

Email(s):

FOOD FACILITY PROJECT INFORMATION

☐ New Facility ☐ Existing Food Facility Remodel

☐ Retail ☐ Mobile Food ☐ Wholesale - Distributor ☐ Wholesale - Processor ☐ Host Facility

Square Footage (ft²):	Seating Capacity:	Max Number Employees Per Shift:

RECREATIONAL HEALTH PROJECT INFORMATION

☐ New Construction ☐ Existing Facility Remodel

☐ Pool ☐ Spa ☐ Spray Grounds ☐ Interactive Water Feature ☐ Wading Pool ☐ Water Park ☐ Special Purpose ☐ Other

SCOPE OF WORK

Describe Nature of Work:

*If the facility has an exhaust hood, include a completed Commercial Hood/Mechanical Exhaust Data Sheet

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

For Office Use Only

Fee:	FA Number:	Record ID:	PE Number:
Late Fee: ☐ Y ☐ N	Date:	Designated Employee:	Received By:
Check One: ☐ New ☐ Transfer ☐ Reactivate	Changes (please specify):		