COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
APPLICATION FORM/FEE SCHEDULE
FOOD AND HOUSING DIVISION

North County Office	Central County Office	East County Office
338 Via Vera Cruz #201	1255 Imperial Ave. 3rd Fl.	200 E. Main St. 6th Floor
San Marcos, CA 92069	San Diego, CA 92101	El Cajon, CA 92020
(760) 471-0730	(619) 338-2364	(619) 441-4030
Office hours 8 to 4	Office hours 8 to 5	Office hours 8 to 4

Specialist: _____ Project #: _____ Est. Type _____
Owner/Applicant: _____ Est. Name _____
P/U Contact: _____ Contact Phone #: _____Contact Fax #: _____
Mailing Address: _____ City: _____State: _____ Zip: _____
Site Address: _____ City: _____Zip: _____ Site APN: _____CT_____

FOOD PLAN CHECK				
KIVA Fee Code	**Time Acct.**	**Acct./Task**	**Project Type**	**Fee**
6FSFF--EH0	429S00	9232-932	FOOD PLAN CHECK 0 – 499 SQ. Ft	$ 550.00_____
6FSFF--EH0	429S01	9232-932	FOOD PLAN CHECK 500 – 1999 SQ. Ft	$ 800.00_____
6FSFF--EH0	429S02	9232-932	FOOD PLAN CHECK 2000 – 3999 SQ. Ft	$ 960.00_____
6FSFF--EH0	429S03	9232-932	FOOD PLAN CHECK 4000 – 5999 SQ. Ft	$1,050.00_____
6FSFF--EH0	429S04	9232-932	FOOD PLAN CHECK 6000 – 7999 SQ. Ft	$1,450.00_____
6FSFF--EH0	429S05	9232-932	FOOD PLAN CHECK 8000 – 19,999 SQ. Ft	$2,000.00_____
6FSFF--EH0	429S06	9232-932	20,000 + Sq. Ft (S05 FEE + Sq. Ft @ PREP)	$2,000.00_____
6FSFT--EH0	429S07	9232-932	FOOD PLAN CHECK TECH ASSIST-Hourly Rate	$ 110.00_____*
6FSFT--EH0	429S07	9232-932	PROJECT (NO BLDG PERMIT REQD)-Hourly Rate **(Minimum Charge 4 hours x $110 = $440)**	$ 440.00_____
6FS08--EH0	429S08	9232-932	FOOD PLAN CHECK SUPPL INSP- Hourly Rate	$ 110.00_____*
6FSFR--EH0	429S10	9232-932	PLAN CHECK FOOD REMODEL / REVISION	$ 300.00_____
6FS11--EH0	429S11	9232-932	PLAN RECHECK	$ 175.00_____

POOL PLAN CHECK				
KIVA Fee Code	**Time Acct.**	**Acct./Task**	**Project Type**	**Fee**
6FSPP--EH0	429S80	9237-927	POOL PLAN CHECK FEES UP TO 2 POOLS	$1,050.00_____
6FSPP--EH0	429S81	9237-927	POOL PLAN CHECK (fees each additional pool over 2)	$ 260.00_____
6FSPR--EH0	429S82	9237-927	POOL RESURFACING/RENOVATION 1 POOL	$ 205.00_____
6FSPA--EH0	429S82	9237-927	POOL PLAN CHECK AS-BUILT REVISION	$ 205.00_____
6SSPR--EH0	429S83	9237-927	RESURFACING EACH ADDT'L POOL OVER 1	$ 95.00_____
6FSPT--EH0	429S87	9237-927	POOL PLAN CHECK TECH ASSIST-Hourly Rate	$ 110.00_____*
6FSPT--EH0	429S87	9237-927	MAJOR POOL RENOVATION-POOL BUILDING **(Minimum Charge 4 hours x $110.00 = $440)**	$ 440.00 _____
6FS88--EH0	429S88	9237-927	POOL SUPPLEMENTAL INSPECTION/REVIEW	$ 110.00 _____*

MISCELLANEOUS PLAN CHECK				
KIVA Fee Code	**Time Acct.**	**Acct./Task**	**Project Type**	**Fee**
6FS98--EH0	429S98	9232-932	RE-STAMP/NON-HEALTH/MINOR REVISION	$ 110.00_____
6FS0M--EH0	429S10	9232-932	PLAN CHECK MASSAGE	$ 300.00_____
6FS0T--EH0	429S10	9232-932	PLAN CHECK TATTOO	$ 300.00_____
6FS0F--EH0	429S12	9232-932	PLAN CHECK MOBILE FOOD FACILITY	$ 150.00_____
6FS97F-EH0	429S97	9232-932	INVESTIGATION WRK W/O PLAN- Hourly Rate	$ 110.00_____*

EXPEDITE SERVICES				
KIVA Fee Code	**Time Acct.**	**Acct./Task**	**Project Type**	**Fee**
6FS95F-EH0	429S95	9232-932	FOOD EXPRESS PLAN CHECK (2X PERMIT FEE)	$_____
6FS95P-EH0	429S95	9237-927	POOL EXPRESS PLAN CHECK (2X PERMIT FEE)	$_____
6FS96F-EH0	429S96	9232-932	FOOD AFTER HOURS INSP	$ 330.00_____
6FS96P-EH0	429S96	9237-927	POOL AFTER HOURS INSP	$ 330.00_____

***Site visits done at a two-hour minimum rate.**

Check Number _____\ Conf. Number _____\CASH ____ **TOTAL FEE: $**_____

I am aware that Plan Check Fees are not fully refundable.

Date: _____ Signature: _____Title: _____