



SR0139497

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH - PLAN CHECK PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706-1423 (626) 430-5560 www.publichealth.lacounty.gov/eh



RETAIL PLAN CHECK APPLICATION

3 sets of plans are required. Incomplete applications will not be processed. For correct fees, please refer to the Plan Check Fee Schedule.

PERSON SUBMITTING: Curtis Fortier TITLE: Agent PHONE: 310.968.1649

EMAIL: cjf@hamiltonarchitects.NET

owner: the Cinefamily PRO 193138

FOOD MARKET (Supermarkets - see below)

Prepackaged Foods Only Yes No (No Drink Dispensing, Bulk Foods, Cut Produce)

Potentially Hazardous Foods Yes No

- 25 - 50 Sq. Ft. \$
51 - 1,999 Sq. Ft. \$
2,000 - 5,999 Sq. Ft. \$
6,000 - 19,999 Sq. Ft. \$
20,000 Sq. Ft. or more \$

RESTAURANT (Each department, based on Sq. Ft.)

- 500 Sq. Ft. or less Concessions (175sf) \$ 908.00
501 - 1,999 Sq. Ft. 135sf \$
2,000 - 3,999 Sq. Ft. \$
4,000 - 9,999 Sq. Ft. Back Bar - 140sf \$
10,000 Sq. Ft. or more Kitchen 2nd \$

REMOTE STORAGE

- 0 - 500 Sq. Ft. Floor - 175sf \$
501 - 4,999 Sq. Ft. \$
5,000 - 9,999 Sq. Ft. 450sf \$
10,000 Sq. Ft. or more \$

SUPERMARKET (Each department, based on Sq. Ft.)

- Main Food Market \$
Meat Market \$
Bakery \$
Deli \$

REMODELING OF CURRENTLY OPEN FOOD FACILITY WITH VALID PERMIT/LICENSE

\*\*PROVIDE COPY OF HEALTH PERMIT/LICENSE\*\*

LESS than 300 Sq. Ft. \$

\*Mark appropriate business classification box to the left\* For remodels exceeding 300 Sq. Ft., select appropriate fee (at left) based on the size of the facility. Describe the scope of remodeling in space below:

[Redacted area]

MISCELLANEOUS (i.e., additional plan reviews or inspections, site or equipment evaluations):

Reason for additional fees incurred: \$

[Redacted area]

ANSWER THE FOLLOWING QUESTIONS

New food facility Yes No

New owner of business Yes No

Approximate date business closed: 4/14/2017

New building construction after 1/1/04 Yes No

Re - usable tableware Yes No

Plans for on - site consumption of alcoholic beverages, either now or future Yes No

Grand Total: \$

Table with 3 columns: NAME, COMPLETE ADDRESS, PHONE. Rows include Food Business (The Fairfax Cinema), Business Owner/Operator (H.F.E.), and Architect/Contractor (John Hamilton, AIA).

OWNER REPRESENTATIVE DECLARATION: I understand the amount of fee paid is NON-REFUNDABLE and the application is NON-TRANSFERABLE. The fee paid is based on my declaration of the business classification indicated above. If this declaration is incorrect, I understand that the plans will not be reviewed until the correct fee is paid. I also understand that plans shall be reviewed within 20 (regular) or 10 (expedited) working days after receipt of payment and the REVIEWED PLANS (WHETHER APPROVED OR NOT) ARE VALID FOR ONE YEAR. FINALLY, I UNDERSTAND PLANS MUST BE APPROVED PRIOR TO COMMENCING CONSTRUCTION OR INSTALLING ANY EQUIPMENT, AND IT IS A MISDEMEANOR VIOLATION TO BEGIN OPERATION WITHOUT A FINAL INSPECTION, APPROVAL, AND VALID HEALTH PERMIT/LICENSE.

SIGNATURE: [Signature] DATE: 4/3/2018 Print Form

Table with 3 columns: CONTACT OFFICE, PAYMENT, PLAN CHECK NUMBER. Includes fields for Fee paid, Receipt no., Check no., Date paid, Cashier's initials, and Plan Check Number (SR 0139497, I NOS02499).