



Division of Environmental Health

100 H Street - Suite 100 - Eureka, CA 95501
 Phone: 707-445-6215 - Toll Free: 800-963-9241
 Fax: 707-441-5699
 envhealth@co.humboldt.ca.us

CONSUMER PROTECTION PRE-APPLICATION CONSULTATION

Instructions:

1. Provide the information requested on this form and submit the required fee with the completed application to the Division of Environmental Health.
2. Attach copies of documents or reports.
3. Division of Environmental Health personnel will contact you to schedule the appointment.

Food Facility Pool / Spa Facility Body Art Facility Other: _____

APPLICANT INFORMATION

Applicant Name:	Phone Number:
Mailing Address: Street	City & Zip
E-mail Address:	Veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand this is not an approval to begin remodeling, construction, or operation of the facility.

Site Address: Street	City & Zip
Directions to Site:	

PROPERTY OWNER INFORMATION

Property Owner:	Phone Number:
Mailing Address: Street	City & Zip

I hereby grant 'right of entry' for inspection purposes (when applicable).

Owner Signature: _____ **Date Signed:** _____

TYPE OF PROJECT

New Construction Remodel Change of Operator Menu Change Other: _____

Current Use (existing facility name, if applicable): _____

Proposed Project Description: _____

Additional Information (attach proposed plan, menu, plan of operation, etc.): _____

* FOR OFFICE USE ONLY *		
Fee Paid: (PE 1657) <input type="checkbox"/> Cash #: _____ \$ <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Conf. #: _____	Date Paid: Application #:	Veteran Exemption Verified by: Attachments?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed by: _____ Signature Date: _____		