

GLENN COUNTY

Planning & Community Development Services Agency Environmental Health Department



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Willows, CA 95988
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www.countyofglenn.net

Mardy Thomas, Director

Food Facility Plan Check Request Form

Owner Information:

Owners Name: _____ Phone #: _____
Mailing Address: _____ Fax #: _____
Email Address: _____

Facility Information:

Facility Name: _____ Phone #: _____
Facility Address: _____ Fax #: _____
Mailing Address: _____
Email Address: _____

Contractor Information:

Contractor Name: _____ Phone #: _____
Mailing Address: _____ Fax #: _____
Email Address: _____

Type of Work:

New Construction Renovation Non-Food Building Remodel or Addition

Bldg. Served By:

City Water or Water Well City Sewer or Septic System

Type of Facility:

Permanent Facility Mobile Food Facility Other: _____

Facility/Remodel Size:

Proposed facility or remodel size in square feet: _____

Official Use Only

Plan Check Type:

Under 1,000 ft. Over 1,000 ft. Minor

Date: _____ Fee Paid: _____ Receipt #: _____ Rec'd by: _____