

*There is an additional amount required when requesting Expedited Plan Check*  
**Expedited Plan Check:  Yes  No**  
**First Response Due: \_\_\_\_\_**  
**(7 Business Days)**

**County of Alameda**  
**Department of Environmental Health**

**PLAN CHECK WORKSHEET**

**Requestor yellow portion only:**

Establishment Name: \_\_\_\_\_

Food (  )                      Cannabis: Yes (  ) No (  )                      Recreation : Pool (  ) Spa (  )

Street Address: \_\_\_\_\_ City + Zip: \_\_\_\_\_

Requestor/Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City + Zip: \_\_\_\_\_

**For Office Use:**

Service Request No.: \_\_\_\_\_ Census Tract: \_\_\_\_\_

Date First Received: \_\_\_\_\_

Plan Checker: \_\_\_\_\_ District E. H. Specialist: \_\_\_\_\_

Plan Review Log No. Unit \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Program Element: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Payment: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_

Hood-Program Element: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Expedited-Program Element: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**Activity Codes**

**O = Office**

**F = Field**

CODE	TIME .25/HR.	DATE	ACTIVITY

**When project is completed/terminated, sign here: \_\_\_\_\_ Date: \_\_\_\_\_**  
**Circle one of the above** **Plan Check Worksheet**