



Food Service Establishment Application

For all food service establishments applications, the tenant improvement plans will first need to be reviewed by the County of Santa Clara Department of Environmental Health (SC-DEH). Once that process is completed, please provide the following to the West Valley Sanitation District (District):

1. Plan Submittal Requirements

The same, wet stamped set of plan(s) from SC-DEH, will need to be submitted to the District for review (including the job copy).

2. Food Service Establishment Application

Complete the attached questionnaire and submit with your plans for review. The questionnaire must include all existing to remain and proposed appliances and fixtures.

3. Menu

A complete menu of the food to be prepared and/or served.

4. Tenant Roster

In order to confirm/verify the charges of annual sewer service are correct, a tenant roster of the entire parcel will also need to be submitted. The tenant roster must include:

- Name of businesses
- Type of businesses
- Address of businesses/Suite Number
- Square footage of each space
- Include all vacant spaces and their square footages

The tenant roster may be emailed to Scott Boehm at SBoehm@westvalleysan.org to review.

Once all documents are received, the District will take approximately 10 business days to review.

Upon completion, a sewer permit will be prepared, the applicant will be notified on applicable fees due and the timeline to obtain the permit at the District. Fees are due at the issuance of the permit.

For further questions, please contact Scott Boehm at 408-385-3005 or email at SBoehm@westvalleysan.org



Food Service Establishment Application

Facility Name:	
Address:	
Facility Manager/Owner:	
Facility Phone Number:	
Emergency Contact:	Phone Number:
Building Owner:	
Email:	

Type of facility (i.e. fast food, dinner house, etc.):	
Type of food served:	Is food prepared from scratch (Y/N):
Food will be served on:	<input type="radio"/> disposable <input type="radio"/> washable dishes
Average number of employees:	Days/hours of operation:

Proposed and Existing Appliances

	Qty.		Qty.		Qty.		Qty.
Cup/Glass Washer		Garbage Can Cleaning		Grill Hood Cleaning		Soup Vat	
Wok Range(s)		Garbage Disposal		Self-cleaning Hoods		Trash Compactor	
Other:				Other:			
Dishwasher							
Make/Model:		Flow Rate:		Temperature range:			

Proposed and Existing Drain Fixtures

	Qty.		Qty.		Qty.		Qty.
Bar Sink(s)		Pot Sink(s)		Floor Drains		Mop Sink	
# of Compartments:		# of Compartments:		Floor Sinks		Prep Sinks	
Other:				Other:			

Existing Grease Control Device

Size:	Type:	Location (Provide diagram of location w/ description):
Maintenance Frequency:		

Completed By:

Name: _____ Phone #: _____
 Title: _____ Email: _____