



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

www.sdcountyplancheck.org

Plan Check Scheduling Line: (858) 505-6660

Ice Cream Truck Plan Submittal Package

The items highlighted in orange are requirements that must be illustrated/shown on the submitted plans. The items in blue will be checked during the initial inspection of the truck. All items are required unless otherwise noted. Initial each box indicating that the item is completed on the plans or installed in the truck. Complete this packet and call 858-505-6660 to schedule a review of the completed packet and an inspection of the vehicle.

INITIAL	ITEM
	Menu or list of all items being sold (ex. ice cream, soda, candy)
	Each piece of equipment and location in the vehicle
	Make and model of all equipment. Equipment must be for commercial use and NSF/ANSI certified. Attach specification sheets.
	Completed table listing the material of finishes. (See page 2)
	Provide interior measurements within the mobile facility (floor to ceiling) Unobstructed height: _____ inches (74 inches minimum required) Aisle space width: _____ inches (30 inches minimum required)
	Indicate equipment power source: <input type="checkbox"/> Battery <input type="checkbox"/> Inverter <input type="checkbox"/> Generator (mounted outside vehicle or in sealed interior compartment only)
	Indicate if the vehicle has the following: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer Quantity:
	First-aid Kit
	10 BC-rated fire extinguisher (required if a generator is used as power source)
	Identification on the vehicle - Name of Facility, City, State, and Zip Code of the permit holder Lettering of the business name: 3 inches high minimum City, State, and Zip Code of the permit holder: 1 inch high minimum
	Completed plan check application
	Signed commissary letter
	Valid California DMV registration with permit owners' name (If leasing the mobile vehicle, lease agreement or registration is required showing both owner and lessee)
	Refrigerator powered on and capable of cold holding at/below 41°F Freezer(s) powered on and capable of cold holding at/below 10°F (Vehicle must be able to maintain the cold holding temperatures when the vehicle engine is off)
	HCD Insignia/Approval (For mobiles that are occupiable and powered by a generator)

Finish Materials

*Carpet and raw wood shelving are not permitted within ice-cream trucks

LOCATION/EQUIPMENT	MATERIAL
Inside Vehicle (floor, walls, and ceiling)	
Shelving	
Other:	

Illustrate the following items on the diagram on page 3:

- Location of freezer(s)/refrigerator(s).
- Location of battery, inverter, and/or generator.
- Location of service window. If service window exists, indicate on plans how window will be protected or closed at the end of the day.
- Location of first aid kit.
- Location of storage shelves.
- Identification information. Identification shall include: Name of Facility, as well as the City, State, and Zip Code of the permit holder. Size of lettering requirements: 3-inch minimum size for business name and 1-inch minimum lettering for City, State and Zip Code.

OFFICE USE ONLY

SCHEDULING INFORMATION

APPROVAL STAMP

Plans are approved by the Department of Environmental Health and Quality, Food and Housing Division and contingent on the final inspection.

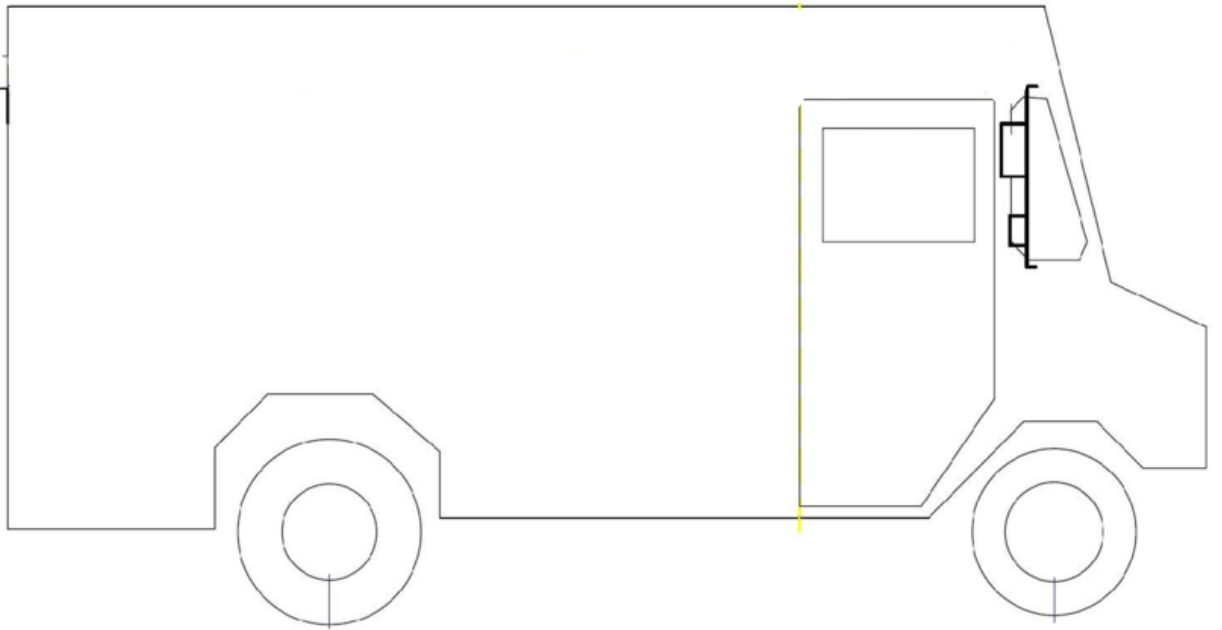
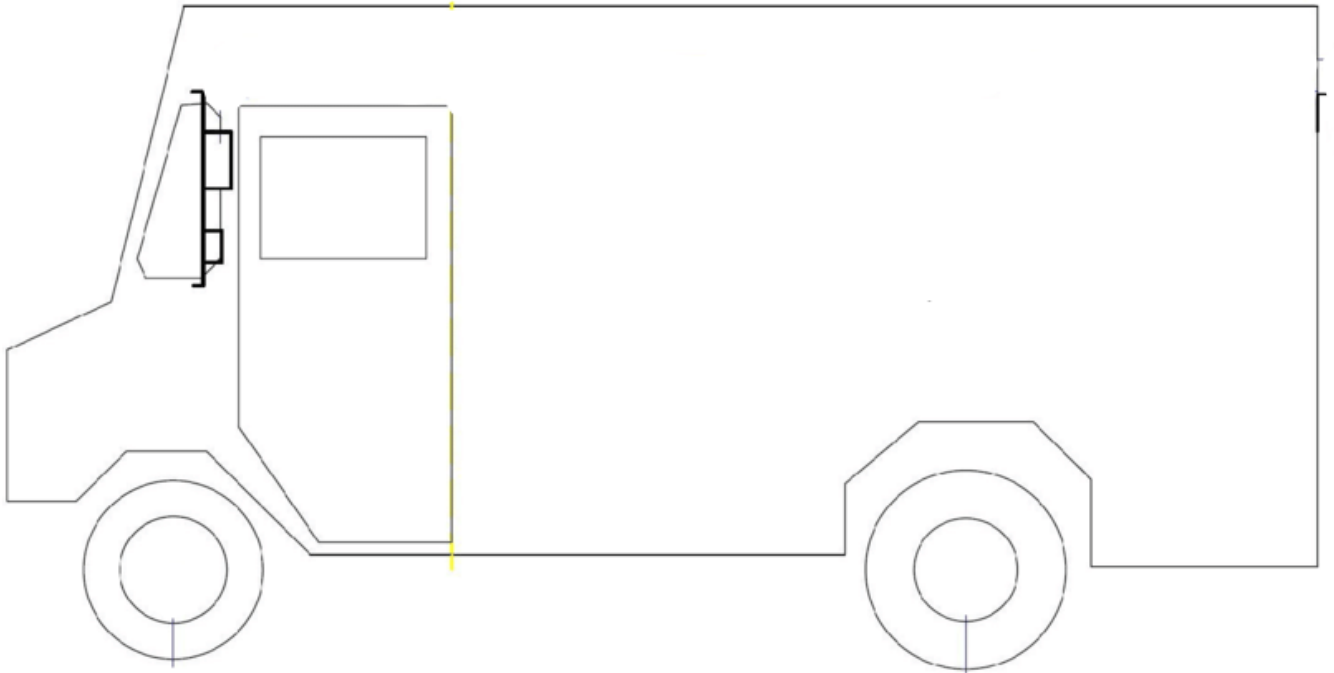
Contact your plan check specialist or the scheduling line at (858) 505-6660 at least 10 working days in advance to schedule an inspection at the office.

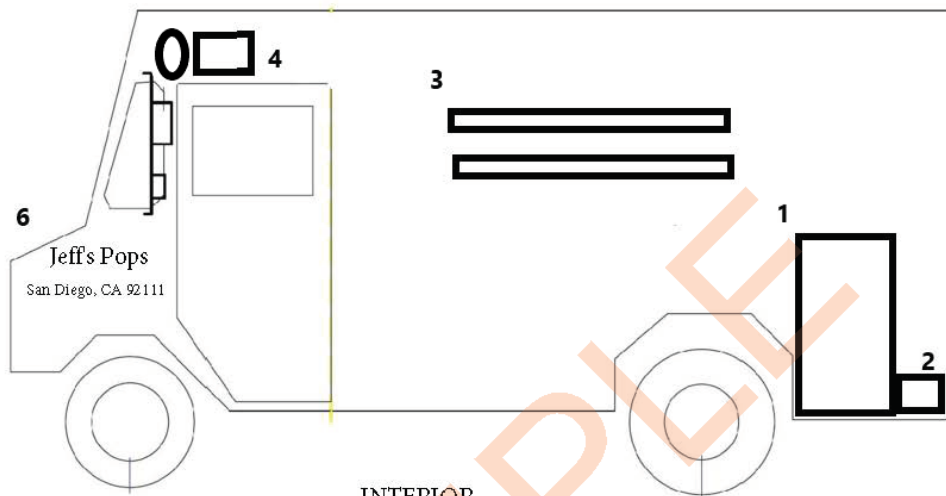
Our office is located at 5500 Overland Ave, Suite 170, San Diego CA 92123
Hours: 8:00AM – 4:00PM (Closed for lunch from 12:00 – 1:00PM)

Your inspection is scheduled for: _____ Time: _____

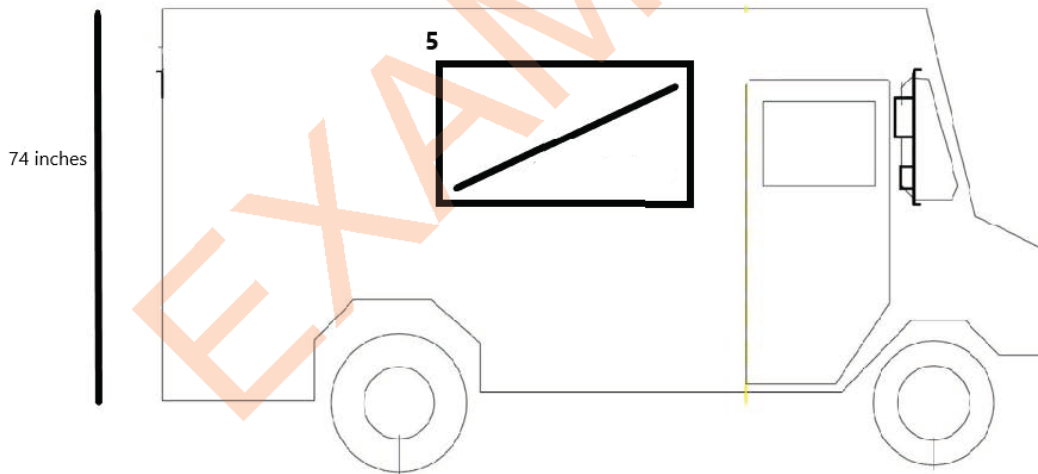
Assigned Specialist: _____

Illustrate Plan Here
See page 4 as an example





INTERIOR



EXTERIOR

- 1 - Turbo Freezer - EL50**
- 2 - Battery - MaxPro**
- 3 - Storage Shelves - Metal Finish**
- 4 - First Aid Kit / FIRE EXTINGUISHER**
- 5 - Service Window -Protected by sliding door at the end of the day.**
- 6 - Identification. 3" lettering name. 1" lettering address**

CALIFORNIA DMV REGISTRATION EXAMPLE




REGISTRATION CARD VALID FROM: 11/15/2018 TO: 11/30/2019

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2011	0000	FB	2012	33P	93	7A00285
BODY TYPE MODEL	MF	MO	AX	WC	UNLADEN/G/COW	VEHICLE ID NUMBER	
PC	G	UY	2	D	04880	1FTKR1EE0BPA25225	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED		
COMMERCIAL	11/15/13	34	11/15/13	8	R2000380		

REGISTERED OWNER	AMOUNT PAID
SMITH JOHN R	\$ 308.00
2415 1ST AVE	
SACRAMENTO	
CA	95818
LIENHOLDER	
UOME LOANS	
2470 24TH ST	
SACRAMENTO	
CA	95818

	AMOUNT DUE	AMOUNT RECVD
	\$ 308.00	CASH :
		CHCK : 308.00
		CRDT :

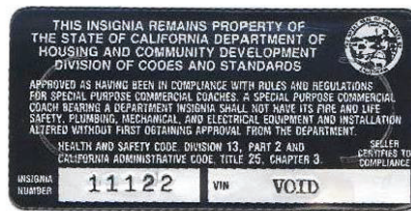


****NO TITLE ISSUES/VEHICLE NOT TRANSFERABLE****
*****CONTACT DMV FOR CA TITLE INFO*****

B00 297 MK 0030800 0004 CS B00 111513 93 7A00285 225

HCD PLACARD EXAMPLE

A: Here is a sample HCD special purpose commercial modular insignia.



A certification insignia issued by the CA Department of Housing and Community Development (HCD) is required on a mobile food facility that is occupied and has 110 volt electrical, plumbing, a gas appliance/equipment or a mechanical generator or compressor. Contact HCD at (951) 782-4420 for additional information.



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Phone: (858) 505-6900 ♦ Fax: (858) 999-8920 ♦ www.sdcdehq.org

COMMISSARY/HEADQUARTERS LETTER OF AGREEMENT THIS LETTER MUST BE RENEWED ANNUALLY

Sections 114295, 114339, and 114341 of the California Retail Food Code require that all Mobile Food Facilities and Annual Temporary Food Facilities operate in conjunction with a commissary, mobile support unit or other facility approved by the local regulatory agency.

I) THIS SECTION TO BE COMPLETED BY THE FOOD FACILITY OWNER

Facility Name: _____ Health Permit Number: _____

Facility Mailing Address: _____ City: _____ Zip: _____
Street No. Street Name

Permit Owner Name: _____ Phone: (____) _____

Fax: (____) _____ E-Mail: _____

II) THIS SECTION TO BE COMPLETED BY THE COMMISSARY/HEADQUARTERS OWNER

The above food facility has my permission to use my health regulated business (listed below) FOR THE PURPOSES OF ESTABLISHING A COMMISSARY/ HEADQUARTERS FOR THEIR MOBILE FOOD, CATERING OR FOOD PROCESSING BUSINESS. This permission includes the use of the premises for the following: *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Vending Machine Storage |
| <input type="checkbox"/> Food Storage | <input type="checkbox"/> Trash Disposal | <input type="checkbox"/> Ice Production |
| <input type="checkbox"/> Warewashing Facilities | <input type="checkbox"/> Vehicle/Cart Storage Area | <input type="checkbox"/> Used Cooking Oil Disposal |
| <input type="checkbox"/> Vehicle/Cart Washing Area | <input type="checkbox"/> Chemical/Supply Storage | |
| <input type="checkbox"/> Fresh Water Supply | <input type="checkbox"/> Vending Machine Cleaning | |

Commissary/HQ

Facility Name: _____ Health Permit Number: _____

Address: _____ City: _____ Zip: _____
Street No. Street Name

Permit Owner Name: _____ Signature: _____ Phone: _____
Print

E-mail address: _____ Date: ____/____/____

OFFICE USE ONLY

VERIFICATION OF HEADQUARTERS

Vending Year: 20 Other Agency – Copy of Current Health Permit: Yes No N/A

Verified By (initials): _____ Date of Approval: ____/____/____