



**FOOD ESTABLISHMENT
PLAN REVIEW APPLICATION**

Town of Sutton – Board of Health
4 Uxbridge Road
Sutton, MA 01590
Phone (508) 865-8724

Include copies of all food safety manager's certifications and choke saving certification if required.

Initial Fee Due at Time of Submittal: \$200.00 for plan review and \$200.00 for preoperational inspection

(If plan review exceeds 4 Hours an hourly rate of \$45.00/hour will be charged.

(If pre-operational inspection exceeds 4 hours an hourly rate of \$45.00/hour will be charged.

(Check made payable to the Town of Sutton) Hourly rate fee's are due prior to issuance of food permit.

Date: _____

- New (Includes new construction and/or change in ownership)
- Remodel
- Conversion (Includes changes in food service operation)

Name of Establishment: _____

Address of Establishment: _____

Type of Establishment (Check all that apply):

- Food Service
- Retail Food
- Catering
- Residential Kitchen
- Other (please explain): _____

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Emergency Number: _____

Name of Applicant: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Phone Number: _____

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Name of Establishment: _____

Sewerage Disposal : _____
(If serviced by on-site septic system, indicate design flow in GPD)

Water Source: _____
(If serviced by private well, supply DEP approval as transient non-community water supply system)

Hours of Operation: Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Number of Seats: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Number of Floors on which operations are conducted: _____

Maximum Meals to be Served: Breakfast _____
(approximate number) Lunch _____
Dinner _____

Projected Start Date of Project _____ Projected Date of Completion _____

Please enclose the following documents:

Applications for Plan Review will not be accepted unless ALL of the documents are enclosed with the application:

- Proposed Menu (if Retail Food only, please state types of products you will carry)
- Food Safety Manager's Certification(s) (if applicable)
- Site plan showing location of business in building; location of building on site including alleys, streets and location of any outside equipment (dumpsters, well, septic system (if applicable))
- Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading the plans.
- Show the location of the elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
- Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate food preparation area.
- Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
- On the plan present auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
- Entrances, exits, loading/unloading areas and docks.
- Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
- Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections, and grease trap.
- Lighting with protectors

