



## 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: \$240.00 for plan review and \$240.00 for preoperational inspection**

(If plan review exceeds 4 Hours an hourly rate of \$50.00/hour will be charged.

(If pre-operational inspection exceeds 4 hours an hourly rate of \$50.00/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

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- Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

A color coded flow chart demonstrating flow patterns for  
Food (receiving, storage, preparation, service);  
Food and dishes (portioning, transport, service);  
Dishes (clean, soiled, cleaning, storage);  
Utensils (storage, use, cleaning);  
Trash and garbage (service area, holding, storage);

- Mop sink or curbed cleaning facility with facilities for hanging wet mops.
- Cabinets for storing toxic chemicals.
- Garbage can washing area/facility.
- Rodent Control- Schedule – Name of Contractor
- Trash Removal – Schedule- Name of Hauler
- Dressing rooms, locker areas, employee rest areas, and/or coat rack as required

Notes: \_\_\_\_\_

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