



## **Guidelines for Food Establishment Plan Review**

### **AND PROCEDURES FOR OBTAINING A FOOD OPERATORS CERTIFICATE**

**The following documents and materials must be submitted to obtain Health District Approval for renovation and construction. Health District approval should be granted prior to the start of any construction or renovation.**

1. The application for plan review with the plan review fee.
2. A floor plan, drawn to scale for the entire establishment, which includes all floors and solid waste area.
3. The floor plan showing all equipment in its proposed locations, and a corresponding equipment list.
4. Specification sheets (cut sheets) which correspond with the equipment list for all new equipment.
5. Floor, ceiling, wall and floor/wall juncture types.
6. Proposed menu and/or list of food items to be sold.
7. Copy of proposal or contract for solid waste removal (and grease removal if applicable).
8. Copy of proposal or contract with a pest control operator for the establishment.
9. If your property is connected to public sewers, submit a copy of a recent sewer bill. If property is not connected to public sewers, submit the following:
  - a. **If public sewers are available, provide a letter from the Town Engineer stating that sewer connection is allowed.**
  - b. **If sewers are not available,** A B100 application must be submitted with an as-built of the septic system and a copy of a recent pump out report. The B100 plan review must be completed prior to approval of the Food Establishment Plan Review.
10. If your property is connected to public water, submit a copy of a recent water bill. If property is not connected to public water, submit the following:
  - a. Location of well on site plan, including pollution sources.
  - b. Inspection results of well construction.
  - c. Recent water analysis.
  - d. Copy of well registration application.

S:common/food/planreviewappl2025

## PROCEDURE FOR PLAN REVIEW

1. The application, floor plans, equipment schedule, and menu are reviewed by the Sanitarian for code compliance. Please note that requirements for public toilet facilities are also controlled by the Town Building Official.
2. Necessary changes or modifications or request for more information are communicated to the owner or representative.
3. The original or revised plans, once found acceptable, are approved by the Sanitarian. It is strongly advised that the applicant meet with the Sanitarian during his/her review to discuss specifics.
4. The plan review application is approved, by signature of the Sanitarian.
5. Construction/renovation work may begin after building and zoning permits are obtained.
6. The owner should contact the sewer authority of the town for grease trap requirements.
7. It is customary for the Sanitarian to conduct ongoing inspections during the construction phase. The Sanitarian must conduct a final pre-operational inspection prior to any operating permit.

## PROCEDURE FOR OBTAINING A FOOD OPERATORS PERMIT

1. A completed food service application must be submitted with the applicable fee.
2. The application must be signed by the Building Official, Fire Marshall, and Zoning Officer prior to issuance of any food operators permit.
3. Your establishment will be assigned a food classification (Class I, II, III, or IV) depending on the types of foods to be served. This classification will determine your inspection frequency. In addition, **all** class III and IV food establishments must comply with the qualified food operator requirement below.
4. The Certified Food Protection Manager (CFPM) and alternate CFPM must sign the application. A copy of the CFPM's certificate must be submitted with the application. The Certified Food Protection Manager must be employed full time at the establishment.
5. A final pre-operational inspection will be conducted by the Sanitarian for compliance with all Health Codes.
6. If all of the above requirements are met, a food operators permit will be issued. A fee, which varies according to the type and seating capacity of the establishment, is due prior to permit issuance.
7. **The permit must be prominently displayed in public view within the establishment. The permit is non-transferable and becomes null and void when there is a change in the operator of the establishment.**
8. The food service permit must be renewed annually.
9. Any future changes to your menu may result in a classification change, which could void your permit. Any physical changes to your operation or menu should be discussed with your Sanitarian.



# EAST SHORE DISTRICT HEALTH DEPARTMENT

Bringing good health to the towns of Branford, East Haven and North Branford

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid by: \_\_\_\_\_

## FOOD ESTABLISHMENT PLAN REVIEW

Check type: **NEW** \_\_\_\_\_ **RENOVATION** \_\_\_\_\_ **CHANGE OF OWNERSHIP** \_\_\_\_\_

Name of Proposed Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Owner Address: \_\_\_\_\_

Type of Business: (check all that apply)

**RESTAURANT** \_\_\_\_\_ **FOOD STORE** \_\_\_\_\_ **DELI** \_\_\_\_\_ **BAKERY** \_\_\_\_\_ **CATERER**

**TAKE OUT ONLY** \_\_\_\_\_ **BAR** \_\_\_\_\_

Public Water Yes \_\_\_\_\_ No \_\_\_\_\_

Public Sewers Yes \_\_\_\_\_ No \_\_\_\_\_

Grease Trap Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Interior \_\_\_\_\_ Exterior \_\_\_\_\_

The information supplied above is accurate and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_

----- For office use only -----

ESDHD Approval date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Comments:



**Submit the following items along with your application:**

- Proposed menu or complete list of food and beverages to be offered
- Plans clearly drawn to scale (minimum 11x14 inches in size) and include these items below:
  - Floor plan must identify: kitchen layout, serving and seating areas, restrooms, office, employee changing rooms, storage, janitorial and trash area. Include location of any outside equipment or facilities (i.e.: dumpsters, well and septic system if applicable)
  - Equipment layout with equipment specification sheets
  - Identify all handwashing, ware washing and food preparation sinks
  - Finish schedule showing floors, coved base molding, walls and ceilings for each area shown on plans, and lighting plan
- Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer

**Food Operation Information:**

<u>Hours/days of Operation</u> Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	<u>Restaurant Seating Capacity</u> # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Footage of Facility: _____	<u>Type of Service (check all that apply)</u> <input type="checkbox"/> On-Site consumption <input type="checkbox"/> Off-Site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Other: _____ List type of plates/utensils used for customers: _____ _____	Total Employees: _____ <u>Meals to be served:</u> Breakfast: _____ Lunch: _____ Dinner: _____
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**FOOD SERVICE ESTABLISHMENT PLAN REVIEW FORM**

**Food Delivery**

1. How often will frozen foods be delivered: ☐ Daily ☐ Weekly ☐ Other: \_\_\_\_\_
2. How often will refrigerated foods be delivered: ☐ Daily ☐ Weekly ☐ Other: \_\_\_\_\_
3. How often will dry foods or supplies be delivered? ☐ Daily ☐ Weekly ☐ Other: \_\_\_\_\_

**Food Storage:** Identify size of: Dry Storage Area: \_\_\_\_\_ Refrigerated Storage: \_\_\_\_\_ Freezer Storage: \_\_\_\_\_

\*Identify on plans where storage will be located.

**FOOD PROCESSES:** **INSTRUCTIONS:** Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate (use additional pages if needed)

Process	Identify Food Items	Indicate Equipment Used & Location Process will be completed
<b>Washing food</b> (veggies, fruit)		
<b>Thawing Food</b>		
<b>Cooling Food</b>		
<b>Hot Holding</b>		
<b>Reheating</b>		



## FOOD SERVICE ESTABLISHMENT PLAN REVIEW FORM

### Finish Schedule

**INSTRUCTIONS:** Indicate which materials (quarry tile, stainless steel, FRP, ceramic tile, etc.) are used for each area. Indicate Not Applicable (NA) as appropriate

Room/Area	Floor	Floor/Wall Juncture	Walls	Ceiling
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-In Refrigerator/Freezer				
Service Sink				
Refuse Area				
Toilet Rooms				
Other:				
Identify Finishes of cabinets, countertops, and shelving:				



### Physical Facilities

**INSTRUCTIONS:** Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate

Topic	Minimum criteria	Notes
<b>Handwashing facilities</b>	<ul style="list-style-type: none"><li>• Identify number of handwashing sinks in: _____ Food Prep Area _____ Warewashing Area</li><li>• Soap, paper towel, trash can available? _____</li></ul>	
<b>Warewashing Facilities</b>	Identify type if dish machine: _____  Manual dishwashing: Identify the length, width, and depth of the 3-compartment sink: _____  How will items being washed be air dry? (drain boards, overhead shelving, etc.) _____  What type of Sanitizer will be used? _____  Will the largest pot/pan fit into the sink basins or in the dish machine? <input type="checkbox"/> Yes <input type="checkbox"/> No  If <u>No</u> , what will the procedure for manual cleaning and sanitizing of the items be? _____	
<b>Water Supply</b>	<input type="checkbox"/> Public Water <input type="checkbox"/> Private Well Water If Private, provide well water test results _____	
<b>Sewage Disposal</b>	<input type="checkbox"/> Public Sewers <input type="checkbox"/> Private Septic System Will a grease trap be provided? _____	
<b>Backflow Prevention</b>	Will all potable water sources be protected from backflow? _____ Note proper backflow prevention on plans _____ Are all floor drains identified on the submitted floor plan? _____	
<b>Toilet Facilities</b>	Identify locations and number of toilet facilities: _____  Hot/Cold water provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	



<b>Dressing Rooms, Linens</b>	Will dressing rooms be provided? _____ Describe storage facilities for employee personal belongings: _____ Will linens be laundered on site? _____ If yes, what will be washed and where? _____ If no, how will linens be cleaned? _____	
<b>Poisonous/Cleaning Storage</b>	Where will poisonous and/or toxic chemicals be stored? _____ Where will cleaning and sanitizing solutions be stored at workstations? _____ How will chemicals be separated from food and food-contact surfaces? _____	
<b>Provide any additional information:</b>		

Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
Comments: \_\_\_\_\_