



Pomperaug District Department of Health
 77 Main Street North • Suite 205 • Southbury, Connecticut 06488
 Telephone: (203) 264-9616 • Fax: (203) 262-1960 • www.pddh.org

Food Service Plan Review Application

Please Print. Complete ALL requested information – incomplete applications will not be reviewed.

Name of Establishment _____

Address _____

Town _____ Phone _____

Owner of Establishment _____

Address _____

Town _____ State _____ Zip Code _____

Phone _____ FAX _____

E-mail _____

Name of Applicant _____

Address _____

Town _____ State _____ Zip Code _____

Phone _____ FAX _____

E-mail _____

To whom should we address questions / correspondence? Owner Applicant

New Establishment **Conversion** **Remodel of Existing Establishment**

Projected Date Start of Project _____ **Projected Date Completion of Project** _____

Plan Review Fee will be the same as the Annual Food Service License Fee

Instructions: Complete & submit ALL information on pages 1-2 along with the plan and fee. Carefully review pages 3-5. Keep pages 3-5 for reference.

Type of Business

- Restaurant Bakery
- Caterer Health Care Institution
- Deli School/Day Care
- Supermarket/Convenience Store
- Other _____

Food Service Method (Check all that apply)

- Eat In Buffet / Salad Bar
- Take Out Catering

Sewage Disposal

- Public Sewer
- Septic System

Grease Trap / Tank

- Indoor
- Outdoor
- None

Water Supply

- Public Water
- Private Well

Seating Capacity

Indoor _____
 Outdoor _____

Estimated Daily Water Usage _____ gpd

of employees per shift _____

Estimated Number of Meals Served

Breakfast _____ per day
 Lunch _____ per day
 Dinner _____ per day

Estimated Frequency of Incoming Deliveries (# of times per week)

Produce _____ Frozen _____
 Meat _____ Dry Foods _____
 Dairy _____ Paper Products _____

Hours of Operation

Sunday _____ Thursday _____
 Monday _____ Friday _____
 Tuesday _____ Saturday _____
 Wednesday _____

Equipment Information

Please note that model numbers must be specified on all equipment specification sheets

3 compartment sink

model # _____

Will dishwashing area be equipped with a pre-flush sprayer? Yes No

Hot Water Heater

- Gas Electric

Recovery Rate _____ gal./hour

Energy input _____ BTU's or KW

Primary Qualified Food Operator

Name _____

Alternate Qualified Food Operator(s)

Name _____

Name _____

The following must be submitted along with the plan review application:

- Plan (drawn to scale)
- Complete Menu
- Equipment Specification Sheets
- Qualified Food Operator Documentation
- Fee
- Water Supply Form

Please Read Information on Pages 3-5