



TOWN OF MARION

BOARD OF HEALTH

2 SPRING STREET
MARION, MA 02738
508-748-3530

2023

FOOD ESTABLISHMENT INITIAL PLAN REVIEW APPLICATION

*(Application must be submitted **at least 30 days** before the planned opening date)*

Date received (Board of Health Office use only) _____

Plan Review Fee: _____

Payment Received: _____

To Be Completed by **Establishment Operator**

Plan Review Fee: _____

Date completed: _____

Payment Received: _____

Is this a:

_____ New establishment (yet to be constructed):

_____ Conversion of an existing structure to be used as a food establishment?

_____ Remodel of an existing food establishment?

_____ Change of type of food establishment or food operation?

Category: (check all that apply)

Restaurant

Residential Kitchen

School

Catering

Day Care

Institution

Retail Market/Convenience Store

Food Pantry

Other

Other than above, please describe _____

Name of establishment: _____

Establishment address: _____

Establishment phone number: _____

Establishment mailing address: _____

Name of owner: _____

Owner mailing address: _____

Owner phone number: _____

Applicant name (if other than owner): _____

Applicant title (manager, chef, etc.): _____

Applicant mailing address: _____

Applicant phone number _____

Applicant email address: _____

If applicable, provide Name and Phone Number of Architect representing the owner/operator and submitting the required information:

Name: _____ Phone: _____

If applicable, provide Name and Phone Number of Kitchen Design Consultant or Firm representing the owner/operator and submitting the required information:

Name: _____ Phone: _____

I have submitted plans/applications to the following authorities on the following dates:

- _____ Electric
- _____ Plumbing
- _____ Fire
- _____ Building
- _____ Sewer
- _____ Zoning
- _____ Planning
- _____ Conservation Commission (if applicable)

GENERAL INFORMATION

Hours of Operation:

Sunday: _____

Thursday: _____

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Maximum Meals to be Served:
(approximate daily number)

Breakfast: _____

Lunch: _____

Dinner: _____

Type of Service:
(check all that apply)

Dining in Meals

Retail

Take Out

Bakery

Caterer

Food Truck

Mobile Vendor

Other

Number of seats available to customers: _____
(Authorized by Common Victualer)

Number of floors on which food is prepared, served or stored: _____

Total square feet of the facility: _____

Will the facility be serving food to a highly susceptible population? YES NO

Project start date: _____

Project date for completion of project: _____

INTRODUCTION

This food establishment Plan Review document has been developed for the purpose of assisting the food establishment operator in planning, designing and building a facility that will satisfy State and Local Health Code requirements, be a safe environment for food, staff and customers, and also be of an efficient, effective design that will meet the operator's business needs.

A thorough review of plans helps to avoid future problems. Listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems can identify potential problems while on paper BEFORE costly purchases, installation and construction have been completed.

This guidance document is not intended to address all of the requirements for the approval of a food service establishment, but instead, is meant to highlight some of the most common sanitation and health issues that may arise in development and design.

The Food and Drug Administration (FDA) 2013 Food Code is used as a reference in completing this guide. Each food establishment is required to have available a current copy of the FDA 2013 Food Code and the Commonwealth of Massachusetts Sanitary Code Article X, 105 CMR 590.000. Copies can be obtained through the State Bookstore at (617) 727-2834.

The Board of Health has 30 days to review this application. After the review process, a pre-opening inspection will be completed.

Reminder: The applicant for a food permit must ultimately satisfy not only these Board of Health requirements, but also must meet with additional town officials and/or departments and satisfy the requirements of the Building Code, Electrical Code, Plumbing Code, Fire Code, etc. It is the responsibility of the applicant to determine what additional approvals or permits are necessary.

DOCUMENTS REQUIRED TO BE COMPLETED AND SUBMITTED BY APPLICANT

_____ A copy of a current (within the past five years) Food Manager Certification from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.

_____ A copy of a current Allergen Awareness Certification.

_____ A copy of a current Choke Saver Certification if your establishment will have 25+ seats.

_____ Proposed menu(s) or complete list of food and beverage to be offered (including seasonal, off-site, take-out and catering menus).

- _____ Consumer Advisory and Allergen Awareness Statement should be written in the correct format on the menu. Consumer Advisory is needed if foods are served raw, undercooked, or cooked to order. Proper format includes disclosure and reminder statement.
- _____ A listing of all food suppliers intended for use by the establishment, and a copy of their wholesale license.
- _____ A copy of a "personalized" employee illness policy to your specific establishment.
- _____ Written procedure for vomit and diarrheal events w/ proper cleaning equipment and PPE on site (i.e. bodily fluid spill kit)
- _____ Site plan showing location of business in building; location of building on-site including alleys, streets; and location of any outside equipment (dumpsters, grease barrels) and, if applicable, well and septic system. Include the location, size and specifications for the proposed grease traps/removal technology.
- _____ Floor plans (that are a minimum of 18 x 24 inches in size) accurately drawn to a minimum scale of 1/4 inch = 1 foot, showing each area where food or beverages are stored, prepared or served. Each piece of food equipment intended for use must be represented, in approximate scale, in its intended location on the plan. Each piece of equipment must be sequentially numbered and these numbers are to correspond to an accompanying "Food Equipment Schedule" (please see below). Drawings must also indicate location and number of all sinks including designated "hand washing only" sinks, food preparation sinks, ware-washing facility and "mop"/wastewater sinks, loading and receiving areas, entrances and exits, dressing rooms, locker areas, employee rest areas, and designated areas for storing chemicals and paper products.
- _____ Appropriate codes should be listed on the Floor Plan. These include the 2013 Federal Food Code and 105CMR 590.000 (mentioned above).
- _____ Food Equipment Schedule - A numbered list of each major piece of equipment proposed for use in the food establishment that includes a brief description, make and model numbers. The numbers assigned on the schedule will correspond to numbered equipment drawn on the floor plans. Include beverage dispensers, coffee makers, rapid cooling or hot holding equipment and registers.
- _____ Manufacturer's specification or "cut" sheets for each piece of equipment shown on the plan. Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory, (UL).
- _____ Copy of contract with pest control company, dumpster company, and a signed contract with a licensed offal hauler to remove grease from the establishment.
- _____ If requested by this office, include overlay drawings for the plumbing details

including location, size and type of wastes (direct or indirect), floor drains, floor sinks, backflow prevention devices, potable and non-potable water lines, waste-water lines, hot water generating equipment, hot water boosters, and grease containment/capture systems and gas supply lines.

_____ If this establishment is/will be serviced by a public or private well, submit a copy of current water quality test results and documentation showing the well was approved by the required state or local department or that an application for approval was submitted.

_____ If requested by this office, include overlay drawings for the electrical details including location of electrical supply panels, location and voltage of outlets. In addition, include a diagram of the interior lighting details that meets or exceeds FDA Food Code requirements:

- (1) At least 110 lux (10 foot candles) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
- (2) At least 220 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 30 inches above the floor in areas used for hand washing, ware washing, equipment and utensil storage, and in toilet rooms; and
- (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

_____ A copy of a Hazard Analysis Critical Control Point (HACCP) Plan, if applicable, describing policies, procedures, employee training, documentation, etc. to ensure safe handling of high risk foods or processes as described in the 1999 FDA Food Code and/or 105 CMR 590.000. Please read below.

HACCP

Specialized Processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and modified HACCP plans are implemented to eliminate or significantly reduce targeted hazards that may contribute to foodborne illness.

SPECIALIZED PROCESSES REQUIRING A HACCP PLAN AND BOARD OF HEALTH VARIANCE

- Using food additives or adding components such as vinegar as a method of food preservation or to render a food so that it is not potentially hazardous. (i.e. acidified rice)
- Use of unpasteurized shell eggs in Highly Susceptible Population operations to prepare food in quantities other than single service portions.
- Packaging food using Reduced Oxygen Packaging (ROP) except where a barrier to *Clostridium botulinum* in addition to refrigeration exists.
- Custom processing animals in a food establishment that are for personal use as food and not for sale or service in a food establishment.
- Molluscan shellfish tanks used to store and display shellfish that are offered for human consumption.
- Smoking and Curing food as a method of food preservation rather than flavor enhancement.

OPERATION REQUIRING A MODIFIED HACCP PLAN AND BOARD OF HEALTH VARIANCE

- Using time only, rather than time in conjunction with temperature as a public health control for a working supply of potentially hazardous food before cooking or for ready to eat potentially hazardous food before cooking or ready to eat potentially hazardous food that is displayed or held for service for immediate consumption.

OPERATION REQUIRING A MODIFIED HACCP PLAN AND BOARD OF HEALTH APPROVAL

- Alternative procedure for bare hand contact with ready to eat food.

If you intend to conduct any of the above-mentioned specialized processes or operations in your establishment, please contact the Board of Health at _____ for additional information.

Food Handling Procedures

NOTE: Each food service operation will have different considerations: i.e., Will foods need to be thawed prior to cooking? Will foods be cooked and immediately served, or will they be prepared in advance requiring cooling? Will foods require reheating, hot holding or cold holding prior to service? In addition, how frequently supplies will be delivered is an important factor in determining the amount of refrigerated, frozen and dry food storage space required. High volume operations with extended hours of operation or those that prepare foods "from scratch" may require increased equipment capacity and storage space.

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

FOOD SUPPLIES

Note: All food supplies must come from state or federally inspected, approved, and licensed food processors, manufacturers and/or distributors.

What are the projected frequencies of deliveries for:

Frozen foods _____

Refrigerated foods _____

Dry goods _____

Provide information on the TOTAL amount of space (in cubic feet) allocated for:

Frozen storage _____

Refrigerated storage _____

Dry storage _____

Describe how dry goods (i.e.rice, sugar) in storage will be protected from contamination, moisture and pests.

COLD STORAGE

Note: Adequate and approved freezer and refrigeration must be available to store frozen foods at 0°F or below and refrigerated foods at 41°F or below. Each storage or display refrigerator and freezer holding Potentially Hazardous Food (PHF) must be equipped with a working and accurate thermometer.

If raw meats, poultry and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented?

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD (PHF)

Please indicate how you plan to thaw the (PHF) items on your proposed menu. More than one method may apply. Also, indicate as appropriate, where thawing will take place.

THAWING METHOD	LARGE OR BULK FROZEN FOODS	PORTIONED FROZEN FOODS
Under Refrigeration		
Running Water, Less than 70°F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

FOOD PREPARATION

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

Category	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	_____	_____
2. Thick Meats (roast beef, whole turkey, chicken, hams)	_____	_____
3. Cold processed foods (salads, sandwiches, vegetables)	_____	_____
4. Hot processed foods (soups, stews, rice/noodles, gravy, pizza, casserole)	_____	_____
5. Bakery goods (pies, custards, cream fillings & toppings)	_____	_____
6. Other	_____	_____

Please list all food items that will be prepared more than 12 hours in advance of service.

Describe the procedures used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

Where raw meats, poultry and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be

prevented?

Is ice made on premises or purchased commercially ?

If made on premise, are specifications for the ice machine provided?
YES NO

Describe provision for ice scoop storage: _____

If ice will be made on premises and bagged for resale, please describe the location of icemaker, bagging operation and holding equipment:

COOKING

Note: Minimum FDA Food Code cooking time and temperatures of product utilizing convection and conduction heating equipment are as follows:

- Beef roasts 130°F (121 min) or 145°F (15 sec)
- Solid seafood pieces 145°F (15 sec)
- Other PHFs 145°F (15 sec)
- Eggs or items made with eggs 145°F (15 sec)
- Pork/lamb/veal, roasts, steaks, chops 145°F (15 sec)
- Chopped/ground meats/fish 155°F (15 sec)
- All poultry items 165°F (15 sec)
- Stuffed meat or pasta or stuffing 165°F (15 sec)
- Any microwaved PHFs 165°F (15 sec)

Food product thermometers must be used to measure final cooking/reheating temperatures. What type of temperature measuring device are you planning on using?

Please list all animal foods that you plan to serve, which will/may be raw, undercooked (not cooked to the above listed minimum temperatures) or not otherwise processed to eliminate pathogens. Also, list Ready-to-Eat foods that will/may contain raw or undercooked ingredients. Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients and a proper Consumer Advisory must be plainly printed on your menu(s) and/or menu board warning consumers of the increased risk of illness with eating raw or undercooked animal foods.

HOT/COLD HOLDING

How will hot PHFs be maintained at 140°F or above when on display or during holding for service? Indicate type and number of hot holding units.

How will cold PHFs be maintained at 41°F or below when on display or during holding for service? Indicate type and number of cold holding units.

If you plan to use "Time as a Public Health Control" for a working supply of PHFs before cooking, or Ready-to-Eat PHFs to be displayed or held for service for immediate consumption, please list applicable foods. Also, submit with this application the appropriate written HACCP procedures for complying with 3-501.19: Time as a Public Health Control and, if applicable, 3-501.14: Cooling and a Variance Request form.

COOLING

Note: Improper cooling of foods is indicated as the **NUMBER ONE CAUSE** of Foodborne Illnesses. Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F within 6 hours, 140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours.

COOLING METHOD	THICK MEATS More than 1" thick	THIN MEATS One inch or less	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVIES/ CHILLIES	RICE/ NOODLES/ CASSEROLES/ LEFTOVERS
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Blast Chill					
Other Methods (describe)					

REHEATING

How will PHFs that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165° F within two hours? Indicate type and number of units used for reheating foods.

SERVING

If there are any customer self-service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

EMPLOYEE CONSIDERATIONS

Number of Staff (maximum per shift): _____

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES NO

Will food employees be trained in food sanitation practices? YES NO

Please describe method of training:

Food employees and applicants who have received a conditional offer of employment are required to notify management when they are experiencing symptoms of or diagnosed with an illness that can be spread through food. Employers must determine what actions are to be taken in accordance with 590.003 (D) and FC 2-201.12 Exclusions and Restrictions.

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO

Please describe briefly and submit policy:

Are dressing rooms provided? YES NO

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

HANDWASHING/TOILET FACILITIES

Note: Hand washing sinks must be dedicated to that use only, and designated with signage, e.g., "Handwashing Only".

Are handwashing sinks in each food preparation and ware-washing area?
YES NO

Do all handwashing sinks, including those in the restrooms, have hot and cold water under pressure with a mixing valve or combination faucet? YES NO

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES NO

Is hand soap available at all handwashing sinks? YES NO

Are disposable paper towels or air blowers available at all handwashing sinks?
YES NO

Are covered waste receptacles available in each restroom? YES NO

Is an employee handwashing reminder sign posted in each restroom?
YES NO

Are all toilet room doors self-closing? YES NO

Are all toilet rooms equipped with ventilation to the outside? YES NO

SINKS

Is a mop sink present? YES NO

Mop sinks must be equipped with waterproof barriers on the sides and back of sink.

Please describe where you would hang wet mops and other like equipment:

If the menu dictates, is a food preparation sink present? YES NO

WARE-WASHING FACILITIES

Will sinks or a dishwasher be used for washing dishes, utensils, etc.?

Dishwasher

Three compartment sink

Combination of both

If Dishwasher: Please indicate type of sanitization method used:

"High Temperature" (hot water with booster heater for final rinse)

"Low Temperature" (chemical type, sanitizer added to final rinse)

Do all dish machines have temperature/pressure gauges as required that are accurately working? YES NO

Is ventilation for dish machine provided? YES NO

Where three compartment sinks are used for sanitizing pots, utensils, etc., does the largest pot or pan used fit into each compartment of the pot sink? YES NO

Are there drain boards on both ends of the pot sink? YES NO

What type of sanitizer is used in the sanitizing compartment?

Chlorine

Iodine

Quaternary ammonium

Hot Water

Must be designed with an integral heating device

Are test papers/kits available for checking sanitizer concentration? YES NO

Where will the clean and sanitized items be stored?

Please describe the procedure for manual cleaning and sanitizing of oversized or "clean-in-place" (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment? Please list all CIP.

EQUIPMENT INSTALLATION

Note: Food Service equipment must be located and installed in such a way as to facilitate ease of routine cleaning. Food preparation/work tables and sinks should be installed with back splashes and/or sealed to the wall, or set-off the wall with adequate space between for cleaning, or movable. Heavy cooking equipment must either be installed leaving space for easy access for cleaning under and behind and between pieces or be mounted on casters and with "Quick-Disconnects" to utility lines to allow for movement.

FINISH SCHEDULE

	Floors	Walls	Ceilings	Floor/Wall Joint
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware washing Area				
Walk-in Refrigerators and Freezers				

Note: Materials selected for floors, walls, and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth, and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests. Applicant must indicate which materials will be used in the following areas, i.e. sealed cement, quarry tile, 4" plastic coved molding, stainless steel, dry wall, Fiberglass Reinforced Polyester (FRP), vinyl faced panels, etc. See reference material provided in Part Two of this guide.

INSECT AND RODENT CONTROL

Will all outside doors be self-closing and rodent proof? YES NO NA

Are screen doors provided on all entrances left open to the outside?

YES NO NA

Do all openable windows have minimum #16-mesh screening?

YES NO NA

Is the placement of electrocution devices identified on the plan?

YES NO NA

Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? YES NO NA

Is area around building clear of unnecessary brush, litter, boxes and other harborage?

YES NO NA

Will air curtains be used? YES NO NA

If yes, where? _____

Do you now have, or plan to have a contract with a pest control operator?

YES NO

If yes, what will the frequency of inspections/treatments be? _____

GARBAGE (food waste) AND REFUSE (paper, cardboard, packaging, etc.)

INSIDE

Do all receptacles have lids? YES NO NA

Will refuse be stored inside? YES NO NA

If so, where? _____

Is there an area designated for receptacle or floor mat cleaning?

YES NO NA . If so, where? _____

Is there a designated area to store returnable damaged goods or out of code items?

YES NO NA

Please describe the location(s)

OUTSIDE

Will a dumpster be used? YES NO NA

Number _____ Size _____

Frequency of pickup _____

Contractor _____

Will a compactor be used? YES NO NA

Number _____ Size _____

Frequency of pickup _____

Contractor _____

Will garbage receptacles be stored outside? YES NO NA

Describe surface and location where dumpster/compactor/garbage cans are to be stored

Describe location of grease storage receptacle

Is there an area to store recycled containers? YES NO NA

Describe

Indicate what materials will be recycled:

- Glass
- Metal
- Paper
- Cardboard
- Plastic

Equipment	Code Requirement(s)	Confirmed by Operator (Please initial)	Describe/ Comments
Dish Machine	Backflow prevention device		
	Indirect waste or direct waste through floor drain		
Potato Peeler	Backflow prevention device		
Steam Jacketed Kettle	Backflow prevention device		
	Indirect waste		
Steamer	Backflow prevention device		
	Indirect waste		
Combi Oven	Backflow prevention device		
	Indirect waste		
Submerged water inlets in Garbage Disposals, or Dish Table troughs	Backflow prevention device		
At all hose connections	Backflow prevention device		
Garbage Can Washer	Backflow prevention device		
Carbonated beverage dispenser	Carbonator backflow prevention device		
Refrigerator condensate/ drain lines	Indirect waste		
Ice machine or ice storage bins	Indirect waste		
All sinks	Air gap		
Ice cream dipper wells	Air gap		
Other, Describe			

PLUMBING CONNECTIONS

Note: The FDA Food Code plumbing requirements do not replace or supersede the State Plumbing Code; instead, it highlights potential hazardous circumstances and particular types of equipment common to food service operations that, through improper design or installation, could result in contamination either of sanitary food vessels or of the potable water supply. See reference materials provided in Part Two of this guide. Please indicate below that the proposed equipment in your establishment will be properly installed.

WATER SUPPLY

Note: It is essential that sufficient potable water, at appropriate temperatures, under pressure be available at all times, including at peak demand periods.

What is the capacity and recovery rate of the hot water generator?

Is the hot water generator sufficient for the needs of the establishment?
YES NO . **Provide/Attach calculations for necessary hot water.** See reference material provided in Part Two of this guide.

Is there a water treatment device or a "Misting System" for produce?
YES NO .

If yes, how will the device be inspected & serviced?

SEWAGE DISPOSAL

Is the establishment to be serviced by municipal sewer or an on-site septic system ?

If on-site septic system, is it approved for proposed use? YES NO
PENDING . (Please attach copy of written approval and/or permit.)

GREASE TRAPS

Are interior grease traps provided? YES NO

If so, please describe location and capacity of each

Provide schedule for cleaning & maintenance

Are exterior grease traps provided? YES NO

If so, please provide service contractor name, address, and phone number and a copy of the contract

VENTILATION

Note: Ventilation systems must be correctly designed sized and installed to both satisfy the Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke and grease laden air. See reference material provided in Part Two of this guide. Indicate below all areas where exhaust hoods are installed:

LOCATION	FILTERS and /or EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

How each is listed ventilation hood system cleaned? Please indicate frequency of cleaning

TOXINS

All toxic chemicals for use on the premise or for retail sale (i.e., pesticides, cleaners, sanitizers, solvents, personal medications, etc.) must be stored and/or displayed in a manner that eliminates the possibility of contamination of food items or single service disposables (i.e., paper plates, cups, plastic ware, etc.). Please describe how you will do this.

Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES NO

Where will Material Safety Data Sheets (MSDS's) be displayed? _____

LAUNDRY

Will linens, towels, uniforms, etc. be laundered on site? YES NO

If yes, what will be laundered and where

Is a laundry dryer available? YES NO

If yes, will the dryer be vented to the outside? YES NO

Location of clean linen storage:

Location of dirty linen storage:

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Office may nullify final approval.

Signature(s) of owner(s) or responsible representative(s)

Print name(s) of owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by the Health Office does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

Approval of these plans and specifications by the Health Office does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.