



FOOD SERVICE PLAN REVIEW APPLICATION

DATE: _____

New
 Renovation

Name of Establishment: _____ Phone: _____

Address: _____ B H NH W

Applicant: _____ Phone: _____
 Title: _____ E Mail: _____

Applicant Address: _____

Property Owner: _____ Phone: _____
 Property owner Address: _____ E Mail: _____

Type of water supply: Public Private well
 Type of Sewage Disposal: Public Private Sub Surface Sewage Disposal System

Projected Start Date: _____ Projected Completion Date: _____

Total Square Feet of Facility: _____ Number of Seats: _____

Days & Hours of Operation: _____

Number of Staff: _____ QFO: _____
(maximum per shift)

Estimate Number of Meals to be Served Daily: _____ Breakfast: _____

_____ Lunch: _____

_____ Dinner: _____

Type of Service: _____ Sit Down Meals
 (check all that apply) _____ Take Out
 Caterer _____ Store
 Itinerant Vendor/Seasonal/Temporary _____ Bakery
 Other: _____ Ice Cream

Quinnipiac Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . www.qvhd.org



Plan review requirements for proposed food service to operate within QVHD jurisdiction.

The following outlines information QVHD must receive and, favorably review, prior to approving your proposal for a new or renovated food service establishment. The purpose of the review process is to insure that the new facility is constructed in compliance with all state and local regulations enforced by this office.

Submit the following for review. A sanitarian will be assigned to review your application.

___ **Plan Review Application** (attached)

___ **Plan Review Application Fee**
___ \$ 100.00

___ **Proposed menu** and/or description of the food products you propose to sell

___ **QFO Certificate** (class III and IV only, determined by menu and operation review)

___ **Floor Plan**

The floor plan should be a scale drawing showing the following:

___ Date of Plan

___ Location of all fixed equipment, e.g., equipment for cooking, food preparation, refrigeration, hot holding, service, carbonation, storage, dish/utensil washing, cleaning, hand sinks, restrooms, hot water heating, ventilation, ventilation hoods, etc.

___ Hand washing sinks required in the following areas:
___ all food preparation areas
___ all food dispensing areas
___ all ware washing areas
___ within all toilet rooms

___ Room Sizes, aisle space, space between and behind equipment

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___ List of all proposed fixed equipment. Provide manufacturer's name and model number. For freezers and refrigeration units, specify capacity. For ice machines, specify whether water-cooled or air-cooled

___ Plumbing and drainage: Include location of floor drains, water supply and drain lines, and backflow prevention where required.

___ Specify floor and wall covering materials to be used in all food storage and preparation areas (including walk-in refrigerators and freezers.)

___ Location of refuse storage, capacity and frequency of disposal.

___ Location of mop sink, mop, broom and cleaning equipment storage.

___ Location of employee dressing rooms, locker areas, and rest areas

For proposed establishments served by a Public Sanitary Sewer System see additional information attached concerning grease trap requirements.

For proposed establishments served by a private subsurface sewage disposal system and/or private well water supply see additional information attached.

Contact the following Agencies for applicable requirements:

___ Town Planning & Zoning, Fire Marshall, Town Building Department and Town Tax Offices

___ For bakery, Pizza or Soft Serve Ice Cream contact Connecticut Department of Consumer Protection at 860-713-6160

___ For Liquor Permit contact Connecticut State Liquor Commission at 860-713-6210

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Sewage Disposal Requirements **For Proposed Food Service Establishments**

Properties Served by Public Sanitary Sewers

The Department of Environmental Protection (DEP) requires an outdoor in-ground grease trap/interceptor or an indoor Automatic Grease Recovery Unit (AGRU) for any new, remodeled, or change of ownership in a class III, or class IV food service establishments. Authorized signatures from the applicable Water Pollution Control Authority (WPCA) and building official is required, on form provided by this Health District, before a Food Service License can be issued.

Properties served by a Subsurface Sewage Disposal System (septic system)

A complete description (including septic tanks, grease traps, d-boxes, leaching components, etc.) and location of the existing septic system must be provided on a site plan. An assessment of the existing septic system is needed to determine if system is adequate for the proposed food service establishment. Further site investigation may be required.

Requirements for Proposed Food Service Establishments **Served by a Private Well Water Supply**

A Screening Application for Water Companies must be submitted to the State of Connecticut Department of Public Health, Drinking Water Section, to determine if the proposed food service establishment will result in the creation of a new water company. For additional information, call the Drinking Water Section at (860) 509- 7333.

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