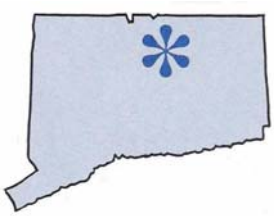

North Central District Health Department

□ Enfield - 31 North Main Street, P. O. Box 1222, Enfield, CT 06083 - (860) 745-0383 FAX 745-3188
□ Vernon - 375 Hartford Turnpike, Suite 120 Vernon, CT 06066 - (860) 872-1501 FAX 872-1531
□ Windham - Town Hall, 979 Main Street, Willimantic, CT 06226 - (860) 465-3033 FAX (860) 465-3032
□ Stafford - Town Hall, One Main Street, Stafford Springs, CT 06076 - (860) 685-5609 FAX (860) 684-1768

FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Submit the Plan Review Fee of $400.00 along with a copy of the proposed menu and plan review information in accordance with Section 4 of the NCDHD Sanitary Code

NAME OF FACILITY: _____

TYPE OF FACILITY: _____

NEW ( ) REMODELED ( ) ADDITION ( )

LOCATION OF FACILITY: _____

OWNER Name: _____

Address: _____

Telephone No.: _____

APPLICANT OR RESPONSIBLE AGENT:

Name: _____

Address: _____

Telephone No.: _____

The applicant or responsible agent is: (Check one)

( ) Operator ( ) Contractor
( ) Architect ( ) Other (Specify _____)

****

Type of Facility Service: (Circle one)

1. Full Service	2. Seasonal	3. Food Market
4. Commissary	5. Caterer	6. Institutional-Private
7. Corporate Cafeteria	8. Mobile Vehicle	9. Vending Cart
10. Bakery	11. Ice Cream	12. School Cafeteria
13. Snack Bar	14. Deli	15. Other

Projected Service Capacity: Number of Seats: _____

Total Square Footage: _____

Date Received: _____ Fee Paid: _____

Revised 11/28/05