



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872 1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

- FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW - \$400
- RETAIL/MARKET DELI PLAN AND SPECIFICATION REVIEW - \$300
- OTHER FOOD ESTABLISHMENT OR SERVICE NOT SPECIFIED - \$200
- GREASE INTERCEPTOR PLAN REVIEW - \$200
- FOOD EQUIPMENT SPECIFICATION REVIEW - \$100

Submit the Plan Review Fee, a copy of the proposed menu, manufacturer's equipment specification sheets in accordance with Section 4 of the NCDHD Sanitary Code, and the Declaration of Base of Operation form.

NAME OF FACILITY: _____

TYPE OF FACILITY: _____

NEW

REMODELED

ADDITION

LOCATION OF FACILITY: _____

OWNER

Name: _____

Address: _____

(Street, Town, Zip Code)

Telephone No.: _____ E-mail: _____

APPLICANT OR RESPONSIBLE AGENT

Name: _____

Address: _____

(Street, Town, Zip Code)

Telephone No.: _____ E-mail: _____

The applicant or responsible agent is: (Check one)

Operator

Contractor

Architect

Other (Specify _____)

Type of Facility Service (Check one)

Full Service

Food Market

Deli

Caterer

Commissary

Institutional-Private

Corporate/School Cafeteria

Mobile Vehicle

Bakery

Other

Projected Capacity: Number of Seats _____ Total Square Footage _____

Signature: _____ Date: _____

* SERVING: EAST WINDSOR * ELLINGTON * ENFIELD * STAFFORD * SUFFIELD * VERNON * WINDHAM * WINDSOR LOCKS



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DECLARATION OF BASE OF OPERATION

This form must be submitted to the Health Department with your application for permit.

PLEASE PRINT CLEARLY

Date: _____

Business Name: _____

Owner/Operator Name: _____

Business Name of Base of Operation: _____

Address of Base of Operation: _____

Owner of Business Used as Base: _____

Owner's E-mail Address: _____

Telephone Number of Base of Operation: _____

THE FOLLOWING PORTION TO BE FILLED OUT BY THE OWNER OF THE FOOD ESTABLISHMENT USED AS THE BASE OF OPERATION.

I, _____ attest that my licensed food establishment
Owner of food establishment used as base

known as _____ is available as the base of operations for
Name of food establishment

_____ owned by _____
Name of Business Owner of Business

Signature of Owner of Food Establishment

*****REMEMBER TO INCLUDE A COPY OF THE BASE OF OPERATION'S VALID FOOD PERMIT
ISSUED BY THE LOCAL HEALTH DEPARTMENT*****



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FOOD PLAN REVIEW CHECKLIST

- ☐ 1. Submit proposed menu, floor plan (1/4 inch=1ft), completed application form, *plan review fee, manufacturer's equipment specification sheets, and Declaration of Base of Operation to Health Department office. Submit same plan and equipment specifications to Building and Fire Departments.
- ☐ 2. Verify FOG requirements with local W.P.C.A. and Health Department, if required by local ordinance. Provide floor plan, menu and waste water discharging equipment specifications to the local W.P.C.A.
- ☐ 3. If building is serviced by a septic system, file for B-100 septic review by the Health Department. Verify requirements for grease tank with Health Department, if building is serviced by a septic system.
- ☐ 4. If building is serviced by a private well for water supply, contact the State of Connecticut, Drinking Water Supply Section for their requirements (860-509-7333).
- ☐ 5. Verify all zoning requirements have been approved by local Planning & Zoning Commission/Department.
- ☐ 6. Contact appropriate state agencies to obtain requirements for state licenses such as, Consumer Protection for Baker's, Liquor or Frozen Desserts (Food Division - 860-713-6160) (Liquor Control Division - 860-713-6210).
- ☐ 7. Submit copies of hood/ansul plans, if applicable.
- ☐ 8. Verify food safety certificate, if needed, and send photocopy to the Health Department with licensing application forms. All Class 2, 3 and Class 4 food service establishments require a Certified Food Protection Manager and Designated Alternate. **Effective 7/1/18, Class 2, 3 and 4 will require a CFMS.**
- ☐ 9. **ON-SITE DINING REQUIRES PUBLIC RESTROOMS** per Section 4 of the NCDHD Sanitary Code.

*Plan Review Fees:

1. Food Establishment Plan and Specification Review	\$400.00
2. Retail/Market Deli Plan and Specification Review	\$300.00
3. Other Food Establishment or Service Not Specified	\$200.00
4. Grease Interceptor Plan Review	\$200.00
5. Food Equipment Specification Review	\$100.00

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Food Service Plan and Constructive Review

This department's requirements for a food service establishment are based on Section 19-13-842 of the Connecticut Public Health Code and Section 4 of the North Central District Health Department Sanitary Code. The menu for the proposed facility is a critical part of the plan review process. The intent of the plan review is to reduce the number of food borne illnesses due to poor facility design.

Food service establishments include any place where food or drink is prepared for sale or service to the public on or off the premises. These establishments include, but are not limited to: restaurants, coffee shops, cafeterias, short order cafes, taverns, luncheonettes, sandwich stands, soda fountains, fast food establishments, delis, groceries, markets, and convenience stores.

Whenever a new food service establishment is proposed, or when remodeling or expansion of an existing establishment is proposed, **a plan (drawn to scale) must be prepared and submitted** to our office for review and approval **prior** to the start of construction. It is the applicant's responsibility to submit the same information to all local departments.

The layout of the floor plan must be accurately drawn to a minimum scale of 1/4 inch equals one foot. The plan must show the location of each piece of equipment, floor and counter, clearly labeled with its common name.

The plan must comply with the requirements stated above. A copy of Section 4 of the Sanitary Code is available on our website at www.ncdhd.org. A completed application, with a fee, is required when submitting plans for review. This fee is set by the North Central District Health Department Board of Directors and is found in Section 8 of the Sanitary Code.

A copy of the proposed menu and all equipment specification sheets must be submitted with the plan. We will review the submitted menu, plan and equipment information within 20 working days. It is the applicant's responsibility to answer any unresolved questions. A written approval and/or an approved, stamped plan will be issued. The applicant is responsible for securing the approvals of all local departments. Some other approvals are required by local and state regulations: i.e., when water supply is provided by a well (State Health Department, Water Supply Section @ 860-509-7333), bakery license (Consumer Protection, Food Division @ 860- 713-6160), frozen dessert (Consumer Protection), retail market (Consumer Protection), mobile vendors (local police and zoning departments), to list some but not all.



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If the building is serviced by a SEPTIC SYSTEM, this system will require evaluation in accordance with Section 19-13-B100a of the Connecticut Public Health Code. The septic system will have to be evaluated by the applicant's engineer in consultation with our office. If a septic system is undersized, it will have to be upgraded in accordance with the Public Health Code.

If the building is serviced by a septic system, our office will review and approve the grease removal system, if required.

If the building is serviced by public sewer, the local Water Pollution Control Authority must be consulted for the requirements of the grease trap sizing and location.

An appropriate grease trap will be required. Depending on the town, there may be local ordinance requirements for the method of grease removal. You are advised to consult with the local Water Pollution Control Authority regarding their requirements.

For new establishments, if a building is serviced by a PRIVATE WATER SUPPLY WELL or a water supply not regulated by the State of Connecticut, a water supply test must be submitted to our office for review prior to approval. This test will include results of bacteria, sanitary chemical, and VOC's (volatile organic compounds) examination. **The water sample must be collected and tested by a laboratory certified by the State of Connecticut.** There may be other testing requirements depending on the water supply, proposed filtration systems, etc.

If you are applying for any exceptions to the requirements of Section 4 of our Sanitary Code, you must apply **in writing** to the Director of Health. The Director of Health will respond in writing to the request. Application for exceptions must be submitted prior to the final approval of the submitted plan.

Once the building permit is issued, this office will require an inspection when the rough plumbing is in place. At that time, we will advise the applicant about future inspection requirements. A final construction inspection is required after all work is completed. There is a fee for the final inspection which is payable to the office prior to the scheduled date of that inspection. Once we have approved the final construction, we will sign off on the local routing sheet or issue a written letter of approval for the construction. You must obtain a Certificate of Occupancy from the local Building Official before any food or beverages are brought onto the premises.

Prior to opening for food service to the public, the applicant will be responsible for submitting: (1) a completed food service license application, (2) a license fee and (3)



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if required, food safety certificate documentation to our office. The first license issued by our office will be a 30-day, temporary license. On the 30th day, or a day or two later, a full food service inspection will be conducted by one of our inspectors. You must obtain a rating score of 80 or higher with no four-point violations on this inspection. Failure to pass your 30-day inspection may result in the closing of your establishment by the Director of Health.

Please call our Enfield office (860-745-0383) should you have any questions or require additional information pertaining to this packet. Please contact the individual District offices' personnel should you have any questions pertaining to your plan review.

Local Building Officials:

Enfield	Raymond Steadward 860-253-6370
East Windsor	Kenneth Rich 860-623-2439
Ellington	Raymond Martin, III 860-870-3124
Stafford	Glenn T. Setzler 860-684-1775
Suffield	Michael Addington 860-668-3878
Vernon	Steven Prattson 860-870-3651
Windham	Joe Smith 860-465-3040
Windsor Locks	Mark Doody 860-627-1447

As of 4/2/25