



TOWN OF MILFORD
BOARD OF HEALTH

Milford Town Hall 52 Main Street, Milford MA01757
Phone (508) 634-2315 Fax (508) 473-1380

FOOD ESTABLISHMENT – PLAN REVIEW APPLICATION

Annual Permit Fee: \$100 (Payable to the Town of Milford)

APPLICATION FEES ARE NON-REFUNDABLE

FOOD ESTABLISHMENT INFORMATION

- ☐ New (Includes new construction and/or change in ownership)
- ☐ Remodel
- ☐ Conversion (Includes changes in food service operation)

Name of Food Establishment: _____

Address of Establishment: _____

Type of Establishment (Check all that apply):

- ☐ Food Service
- ☐ Retail Food
- ☐ Catering
- ☐ Residential Kitchen
- ☐ Other (please explain): _____

Name of Owner: _____

Mailing Address: _____

Phone Number: _____

Name of Applicant: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Phone Number: _____

Name of Food Establishment: _____

Sewerage Disposal: TOWN PRIVATE SEPTIC SYSTEM: _____ GPD
(If serviced by on-site septic system, indicate design flow in GPD)

Water Source: TOWN PRIVATE WELL
(Provide copy of DEP approval of water supply)

Hours of Operation: Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Number of Seats: _____ Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Number of Floors on which operations are conducted: _____

Maximum Meals to be Served: Breakfast _____
(approximate number) Lunch _____
Dinner _____

COLD STORAGE:

Number of Refrigeration Units: _____
Number of Freezer Units: _____
Ice Machine: YES / NO

DRY STORAGE:

Total square feet of Dry Storage Area: _____

Food storage units/shelving shall be smooth, non-absorbent, and durable (No wood may be used) All food storage shall be at least six (6) inches above the floor.

TOILET ROOMS:

Public _____ Employee Only _____ Shared Facilities _____

All toilet rooms shall be equipped with self-closing doors, hand-washing sinks, adequate ventilation, soap dispensers, paper towel holder or air blower, and covered waste receptacles.

Name of Food Establishment: _____

FINISH SCHEDULE:

Describe materials to be used in each of the following areas:

	FLOOR	COVING	WALLS	CEILING
Kitchen/Food Prep Areas				
Ware-washing Area(s)				
Food Storage Area(s)				
Other Storage				
Bathrooms				

Projected Start Date of Project _____ Projected Date of Completion _____

Anticipated Opening Date for Food Establishment: _____

Name of Food Establishment: _____

Applications for Plan Review will not be accepted unless ALL of the following documents are provided with the application:

- ☐ Proposed Menu (*include with application*) (if Retail Food only, please state types of products you will carry): _____

- ☐ Food Safety Manager's Certification(s) (*if applicable*)
- ☐ Allergen Awareness Certification(s) (*if applicable*)
- ☐ Choke Saving Certifications (*if applicable*)
- ☐ Site plan showing location of business in building; location of building on site including alleys, streets and location of any outside equipment (dumpsters, well, septic system (*if applicable*))
- ☐ Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading the plans. **HAND DRAWN PLANS/SKETCHES WILL NOT BE ACCEPTED.**
- ☐ Food equipment schedule to include make and model numbers and listing of equipment that is NSF certified or classified for sanitation by an ANSI accredited certification program. **PROVIDE SPEC/CUT SHEETS FOR ALL EQUIPMENT.**
- ☐ Show the location of the elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- ☐ Label and locate separate food preparation sink when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- ☐ Clearly designate adequate hand-washing lavatories for each toilet fixture.
- ☐ Clearly designate adequate hand-wash sinks in the immediate food preparation and ware-washing areas. Hand-wash sinks shall be wall-hung with appropriate splash guards where necessary. (Size: Maximum width=20"; maximum depth=8")
- ☐ Note location of 3-compartment sink (*Must be large enough to accommodate largest pot or pan*)
- ☐ Grease Traps – note location of grease interceptors on plan. All new or remodeled food establishments MUST install an EXTERNAL grease trap with a minimum capacity of 1,000 gallons. Note location of external grease trap on plan.
- ☐ Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
- ☐ On the plan show all auxiliary areas such as storage rooms, basements and/or cellars to be used for the storage of food products or other products associated with the food establishment (paper products, china, glassware, etc.).
- ☐ Entrances, exits, loading/unloading areas and docks.

Name of Food Establishment: _____

- ☐ Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases must be noted on plans.
- ☐ Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections, and internal and external (*if required*) grease traps.
- ☐ Lighting schedule with protectors:
 - 1. At least 110 lux (10-foot candles) at a distance of 75 cm (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):
 - 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;
 - Inside equipment such as reach-in and under-counter refrigerators;
 - At a distance of 75 cm (30 inches) above the floor in areas used for hand-washing, ware-washing, and 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.
- ☐ Ventilation schedule for each room.
- ☐ Contract for pest control services (*attach copy*)
- ☐ Mop sink (floor-mounted) or curbed cleaning facility with facilities for hanging wet mops.
- ☐ Cabinets for storing toxic chemicals.
- ☐ Garbage can wash area/facility.
- ☐ Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.
- ☐ Trash Company Name: _____
 - Trash receptacle / dumpster size: _____
 - Frequency of pick up: _____
 - Outside grease container: YES NO
 - If YES, Name of Company that will collect grease: _____

Name of Food Establishment: _____

Notes:

APPROVAL SHALL BE GRANTED OR DENIED WITHIN 30 DAYS AFTER SUBMISSION OF PLANS & REQUIRED DOCUMENTATION.

INCOMPLETE SUBMISSIONS THAT REQUIRE ADDITIONAL DOCUMENTATION WILL RE-START THE 30-DAY TIME FRAME FOR REVIEW.

NO WORK MAY BEGIN ON THE FACILITY UNTIL THE MILFORD BOARD OF HEALTH OFFICE PROVIDES THE APPLICANT WITH A FINAL APPROVAL.

ANY CHANGES FROM THE APPROVED PLAN WILL REQUIRE AN UPDATED PLAN NOTING CHANGES / ALTERATIONS MADE DURING CONSTRUCTION AND MAY DELAY THE OPENING OF THE FOOD ESTABLISHMENT.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the approved plans without prior approval from the Milford Board of Health will be rectified at the owner's expense prior to the issuance of a permit to operate the food establishment.

- ☐ I have received the Milford Board of Health Food Establishment Inspection Policy.
- ☐ I have applied to the Milford Select Board for the following licenses:
 - ☐ Common Victualler License
 - ☐ Liquor License

Signature(s) _____

Owner(s) or Responsible Representative(s)
If signature is not legible, please PRINT name along with signature.

Date _____