



**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

\_\_\_ Food Preparation Sink

\_\_\_ Room Sizes, aisle space, space between and behind equipment

\_\_\_ 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

## **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.



**FOOD SERVICE PLAN REVIEW APPLICATION**

DATE: _____	
<input type="checkbox"/> New <input type="checkbox"/> 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: _____ <small>(maximum per shift)</small>	QFO: _____
Estimate Number of Meals to be Served Daily:	Breakfast: _____
	Lunch: _____
	Dinner: _____
Type of Service: (check all that apply)	<input type="checkbox"/> Sit Down Meals <input type="checkbox"/> Take Out <input type="checkbox"/> Store <input type="checkbox"/> Bakery <input type="checkbox"/> Ice Cream
<input type="checkbox"/> Caterer <input type="checkbox"/> Itinerant Vendor/Seasonal/Temporary <input type="checkbox"/> Other: _____	