



TOWN OF NORTHBRIDGE  
**BOARD OF HEALTH**  
Aldrich School Town Hall Annex - 14 Hill Street  
Whitinsville, MA 01588  
Phone (508) 234-3272 Fax (508) 234-0821

**FOOD ESTABLISHMENT – PLAN REVIEW APPLICATION**

Fee: \$ 200.00 (0-2,000 sq. ft.)                      \$ 300.00 (2,001-5,000 sq. ft.)  
\$ 400.00 (5,001-10,000 sq. ft.)                  \$ 600.00 (Over 10,000 sq. ft.)  
(Check made payable to the Town of Northbridge)

Date: \_\_\_\_\_

- ☐ 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 sinks 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. New (including change in ownership) or remodeled food establishments with a seating capacity of 75 seats or more, **MUST** install an **EXTERNAL** grease trap with a minimum capacity of 1,500 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 washing 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:

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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 NORTHBRIDGE 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 Northbridge 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 Northbridge Board of Health regulations governing food establishments.
- ☐ I have received the Northbridge Board of Health Food Establishment Inspection Policy.
- ☐ I have applied to the Northbridge Board of Selectmen for the following licenses:
  - ☐ Common Victuallers License
  - ☐ Liquor License

Signature(s) \_\_\_\_\_

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

\_\_\_\_\_  
*Date*