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: __________________________________________________________________

(Revised 9-1-2016)
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 __________
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:

<table>
<thead>
<tr>
<th>Area</th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
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<tbody>
<tr>
<td>Kitchen/Food Prep Areas</td>
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<tr>
<td>Ware-washing Area(s)</td>
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<tr>
<td>Food Storage Area(s)</td>
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<tr>
<td>Other Storage</td>
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<tr>
<td>Bathrooms</td>
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</tbody>
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Projected Start Date of Project ___________  Projected Date of Completion ___________

*Anticipated Opening Date for 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.
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:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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____________________

Page 6 of 6

(Revised 9-1-2016)