APPLICATION FOR LARGE (>10,000 SQ. FT.) FACILITY PLAN REVIEW

PA Act 106 of 2010 and the Chester County Health Department Rules and Regulations, require that a facility licensing applicant or food facility operator in Chester County shall have plans and specifications submitted to for review and approved in writing by this Department before any of the following is begun:

- The construction of a food facility.
- The conversion of an existing structure for use as a food facility.
- The remodeling of a food facility or a change of type of food facility or food operation.
- A change of ownership of a food facility.

Please complete all information and submit to the Department.
- If renovations or construction will take place, an application fee of Four Hundred Dollars ($400.00) must be submitted along with the application and plans.
- For changes in ownership where no construction or remodeling has taken place, an application fee of Fifty Dollars ($50.00) must be submitted along with the application.

Make check or money order payable to the “Treasurer of Chester County”.

SECTION 1 PURPOSE OF THE PLAN REVIEW

PLEASE SELECT ANY THAT APPLY:

- ______ Construction of a New Food facility
- ______ Remodel of an Existing Facility
- ______ Change of Ownership for an Existing Facility
- ______ Other, Describe________________________________________________________

SECTION 2 FACILITY INFORMATION

PROPOSED NAME OF FACILITY: ________________________________________________

PHYSICAL LOCATION OF FACILITY:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Municipality (Borough, City, Township) Tax Parcel Number

Phone Number Fax Number

BUSINESS DESIGNATION OF PROPOSED OPERATOR: ________________________________

CONTACT PERSON: __________________________________________________________

MAILING ADDRESS (Where review letters are to be sent):

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Phone Number Fax Number

Email Address ___________________________ Cell Phone Number or Alternate Phone Number

FOR DEPARTMENTAL USE ONLY

Amount Paid: ________ Date Rec’d ________ Rec’d By ________ Receipt # ________ ID #

FFPRM 5/1/2019
SECTION 3  CONSTRUCTION

Anticipated time frame for start and completion of construction: _______________________

Brief description of the proposed construction or change:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

SECTION 4  FACILITY PLANS & SPECIFICATIONS

All facilities, except for a change of ownership for an existing facility where no physical changes will be made to the facility, must submit a copy of a facility floor plan. This plan must include the basic layout of the facility; the location of all food service equipment; a listing of the equipment (including manufacturer’s names and model numbers); plumbing and electrical layouts; water and sewer connection locations; toilet room locations and fixtures; lighting schedules; surface finish schedules of floors, walls and ceilings; and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc.). Please refer to the Department’s “Guidelines for the Submission of Plans for Public Food Service Facilities” for details of what information is to be included in the plan.

PLAN PREPARED BY:_________________________________________________________________
DATE OF PLANS:__________________________  LAST REVISED DATE: ________________________

SECTION 5  WATER AND SEWAGE INFORMATION

WATER: The proposed or existing water source for the facility: (Check which one applies)
_____ Municipal or Public Utility Supply.  Name of Supplier:____________________________
_____ On-Site Drilled Well. These water supplies must be approved by the Department after conforming to the construction, maintenance, and operation requirements of the PA Safe Drinking Water Act (25 Pa. Code Chapter 109).

SEWER: The proposed or existing sewerage system for the facility: (Check which one applies)
_____ Municipal/public sewage disposal system. Name of Sewage Authority : ______________________

  New or expanding food facilities proposing to connect to or increase flows to municipal/public sewage disposal systems must obtain PA Sewage Facilities Planning Approval from the PA Department of Environmental Protection’s (DEP) Water Management Program. Contact DEP’s Southeast Regional Office at 484-250-5900 to see what steps are required to gain this approval and obtain an approval letter.  A copy of the DEP approval letter must be submitted to this Department.

_____ An on-lot sewage disposal system (ex. sand mounds, holding tanks). On-lot sewage disposal systems must be approved by a Department Sewage Enforcement Officer.

SECTION 6  ZONING AND OTHER CODES

Food facility plan review as set forth here does not remove the necessity for obtaining Municipal Building Permits, Zoning Permits, or both.
SECTION 7  FACILITY SERVICE INFORMATION

TYPE OF SERVICE (Check all that Apply)

- Retail Grocery
- Retail Grocery / Salvage
- Farm Market Stand
- Dine-In Food Service
- Take Out Food Service
- Catering
- Mobile Facility
- Church
- Bar / Club
- School
- Organized Camp
- Day Care
- Other Describe: ________________________________

DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)

- Monday Time __________________
- Tuesday Time __________________
- Wednesday Time __________________
- Thursday Time __________________
- Friday Time __________________
- Saturday Time __________________
- Sunday Time __________________

TYPE OF MENU (Check which one Applies)

- Full Service Menu ** attach menu
- Limited Menu ** attach menu
- Specific Food Items List items __________________________________

Do you plan on serving any food undercooked or raw? YES or No

If YES, list: ________________________________________________________

PROJECTED SEATING CAPACITY

Number of seats in the facility _____ Estimated number of patron served per day _____

PROJECTED TAKE-OUT SERVICE

Will foods be prepared for take-out/delivery? YES or NO

If YES, estimated number of take-out/delivery meals per day ______

SMOKING POLICY

If seating is provided, will the facility be smoke-free? YES or NO

If NO, number of seats in the smoking section ______

EMPLOYEE INFORMATION

# of anticipated employees

Do you have a CCHD Certified Food Manager on staff? YES or NO

If YES, list name and certificate expiration date ______________________________

If NO, you will have 90 days from the date your license to operate is issued for a supervisory level employee to complete a Department-approved certification course. Visit our web site at http://dsf.chesco.org/health to obtain a list of approved courses offered in Chester County.

SECTION 8  FACILITY OPENING

Anticipated date of opening of the facility or completion of remodeling of the facility: _______________________.

Please note: If the facility is performing construction in phases which require additional inspections to open areas for use, an additional fee of $100.00 may be charged per phase in addition to any licensing application fees.

SECTION 9

- Please allow thirty days for processing of your plan review from the date received by this Department.
- Failure to supply all requested information may result in a delay in the plan approval and the opening of your facility.
- You will be sent a letter via USPS with your approval, request for additional information, or denial of this plan.

By signing this application, I certify that all information on this application, floor plan, and any other requested materials is accurate and true to the best of my knowledge.

__________________________________  ________________________
Signature, Title                      Date