



**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 lay out 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 \_\_\_\_\_                       Friday      Time \_\_\_\_\_  
 Tuesday      Time \_\_\_\_\_                       Saturday      Time \_\_\_\_\_  
 Wednesday      Time \_\_\_\_\_                       Sunday      Time \_\_\_\_\_  
 Thursday      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