



# BURLINGTON BOARD OF HEALTH

61 Center Street  
Burlington, MA 01803  
Tel: 781-270-1955 Fax: 781-273-7687



**Public Health**  
Prevent. Promote. Protect.

## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Complete the application and print legibly. An incomplete application may delay approval.

Fees: \$150 (New Food Permit) • \$75 Remodel (Existing Permit Only)

Date: \_\_\_\_\_  New (New Business/Owner)  Remodel (Existing Business/Same Owner)

Name of Food Establishment: \_\_\_\_\_

Address of Food Establishment: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner (if different from applicant): \_\_\_\_\_

Owner Address (if different from above): \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Contact Name & Title: \_\_\_\_\_

Project Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Required Paperwork for Plan Review:**

- Completed Food Establishment Plan Review Application (this form)
- Plan Review Fee paid - to pay online; [www.burlington.org](http://www.burlington.org) Click on "Online Payments" then "Board of Health"
- Proposed menu (retail stores; provide list of foods to be sold)
- Site plan (showing location of business)
- Floor plan(s) drawn to scale, showing all equipment, 18" x 24" or larger size paper
- Equipment Schedule that lists all the equipment noted on the floor plan(s)
- Manufacturer specification sheets for all equipment including grease interceptors

### **Contact the Following Town Departments for Additional Permits/Licenses:**

<input type="checkbox"/> Planning Department (special permit)	781-270-1645
<input type="checkbox"/> Building/Zoning Department (permits)	781-270-1615
<input type="checkbox"/> Select Board (common victullar's/liquor licensing)	781-273-7600
<input type="checkbox"/> Town Clerk (business certificate)	781-270-1660
<input type="checkbox"/> Fire Department (fire prevention)	781-270-1924

Failure to contact the departments above, may delay the food establishment from opening & operating.

**Do not start any work until an approval/condition letter is received from the Burlington Board of Health.  
Contact the Health Agent with any questions: 781-270-1949.**

**Office Use:**  Approved (date) \_\_\_\_\_

Risk Category  1  2  3

Special Processes  No  Yes Type: \_\_\_\_\_

Number of seats \_\_\_\_\_

**Type of Business (check all that apply):**  Restaurant – sit down meals  Restaurant – takeout meals  
 School/Institution  Day Care  Retail (packaged foods)  Retail (with takeout)  Caterer  
 Supermarket (no takeout meals)  Supermarket (with takeout meals)  Elderly Feeding  Bakery  
 Other: \_\_\_\_\_

**Special Processes (check all that apply): A HACCP plan is required and a variance may be required**

ROP/Cook-Chill/Sous-Vive/MAP/VP/CAP  Acidification (sushi rice, etc...)  Drying food on site  
 Smoking food on site (for preservation, not flavor)  Juice processing & packaging  Spouted Seeds  
 Live molluscan shellfish tank  Curing food on site  Fermentation (yogurt, kimchi, sausages, etc...)  
 Custom Processing of Animals  Other Process requiring a HACCP Plan: \_\_\_\_\_

**Operation Information**

Number of indoor seats (including bar): \_\_\_\_\_ Number of outdoor seats: \_\_\_\_\_  
Total square feet of facility: \_\_\_\_\_ Number of floors: \_\_\_\_\_ Basement be used for storage? \_\_\_\_\_  
Number of public restrooms on the premises: \_\_\_\_\_ Number of employee restrooms: \_\_\_\_\_  
Employee lockers provided?  Yes  No Employee changing room provided?  Yes  No  
Will the basement be used for food preparation?  Yes  No Number of ice machines: \_\_\_\_\_  
Light fixtures:  shielded or  use of shatterproof bulbs  
See Food Code 6-303.11 for LUX/foot-candle requirements

Number of hand wash sinks (required in all food prep, service, and warewash areas): \_\_\_\_\_  
Size of warewash (3-compartment) sink: \_\_\_\_\_ Number of drain boards: \_\_\_\_\_  
**Note: an internal grease interceptor is required for warewash (3-compartment) sinks. See local regulations.**  
Will a separate sink be used for food preparation?  No  Yes - Size of prep sink: \_\_\_\_\_

Mechanical dishwasher (if used):  High temperature sanitizer or  Chemical (chlorine) sanitizer  
Describe location of the mop/utility sink: \_\_\_\_\_  
**Provide hooks for mops, brooms, and dustpans.**  
Will there be a washing machine and/or dryer on site?  Yes  No If, yes, where: \_\_\_\_\_  
Will doors and/or windows be opened to the outside in the dining or bar area?  Yes  No  
If yes, will doors and/or windows be;  
 Screened (minimum #16 mesh) or  Use of air curtains to keep insects out?  
 Other – Describe: \_\_\_\_\_

Name of pest control service that will be used: \_\_\_\_\_  
What is the outdoor surface for the dumpster/grease containers?  Asphalt or  Concrete  
Name of the company used for rubbish pick-up: \_\_\_\_\_  
Name of company used for grease pick-up: \_\_\_\_\_

**Days & Hours of Operation**

Sun: \_\_\_\_\_  
 Mon: \_\_\_\_\_  
 Tue: \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 Thu: \_\_\_\_\_  
 Fri: \_\_\_\_\_  
 Sat: \_\_\_\_\_

**Maximum Meals to be Served in a Day (approximate)**

Breakfast \_\_\_\_\_  
 Lunch \_\_\_\_\_  
 Dinner \_\_\_\_\_

### **Food Information**

Frequencies of deliveries for

**Dry:** \_\_\_\_\_/week, **Refrigerated:** \_\_\_\_\_/week, and **Frozen:** \_\_\_\_\_/week

Provide amount of storage space (cubic feet) allocated for (see the spec. sheets and add up each unit);

**Dry Storage:** \_\_\_\_\_, **Refrigerated:** \_\_\_\_\_, and **Frozen:** \_\_\_\_\_

Will time as a public health control(TPHC) be used to hold temperature control for safety (TCS) foods out of temperature control?  Yes  No If yes, what foods? \_\_\_\_\_

#### **Provide your written procedures for TPHC foods**

Will ice cream, frozen yogurt, or gelato be made on site using a machine?  Yes  No

Will milk shakes be made on site using a machine that stores the product?  Yes  No

Will there be a self-service salad bar, buffet, or other self-service station?  Yes  No

Will slices of pizza, calzone, or similar foods be sold?  Yes  No

Will fresh (raw) shellfish (clams, mussels, etc...) be sold?  Yes  No

Will live crustacean shellfish (lobster, crabs, etc...) be sold?  Yes  No If yes, in a tank?  Yes  No

Are the following foods received and stored raw or fully cooked or both?

Poultry  Raw  Fully Cooked

Beef  Raw  Fully Cooked

Pork  Raw  Fully Cooked

Fish  Raw  Fully Cooked

Shelled Eggs  Raw  Fully Cooked

Will foods be cooked, cooled, stored cold, and reheated?  Yes  No

Will foods be partially cooked then fully cooked later (Non-Continuous Cooking of Food)?  Yes  No

Will any foods be served raw (i.e. steak tartare, sushi, sashimi, shellfish, etc...)  Yes  No

If yes, what foods will be served raw? \_\_\_\_\_

Will any foods be prepared undercooked (i.e. seared tuna, etc...)?  Yes  No

If yes, what food will be served undercooked? \_\_\_\_\_

Can the consumer request foods be prepared undercooked (i.e. burger, sunny-side eggs, over-light eggs, etc...)  Yes  No If yes, what foods? \_\_\_\_\_

List all foods that will be cooked then served: \_\_\_\_\_

\_\_\_\_\_

List all foods that will be held hot prior to service: \_\_\_\_\_

### **Employee Health**

Do you have a written Employee Health Policy for all employees?  Yes  No

Do you have written procedures for responding to vomiting or diarrheal events?  Yes  No

Where will the vomit & diarrhea clean up kit be stored? \_\_\_\_\_

### **Finish Schedule**

List materials that will be used for floors, coving, walls, and ceilings (i.e. quarry tile, FRP, etc...)  
**Materials must be smooth and easily cleanable**

	<b>Floor</b>	<b>Coving</b>	<b>Walls</b>	<b>Ceiling</b>
<b>Kitchen Area</b>				
<b>Warewashing area</b>				
<b>Dry Food Storage</b>				
<b>Other Storage</b>				
<b>Walk-in Refrigerators &amp; Freezers</b>				
<b>Toilet Room</b>				
<b>Dressing Rooms</b>				

Contractors: See the following chapters in the FDA Food Code;

Chapter 4: Equipment & Utilities

Chapter 5: Water, Plumbing, and Waste

Chapter 6: Physical Facilities

**All other state regulations and codes shall be met (building, plumbing, electrical, etc...)**

Also see Burlington Board of Health's local grease interceptor regulations at [www.burlington.org](http://www.burlington.org) Under "Your Government" choose "Board of Health". Click on "Board of Health Regulations" then under "Food Protection" click on the link 2.0 Grease Interceptor Requirements for Food Establishments.

Food Managers: Go to [www.burlington.org](http://www.burlington.org) Under "Your Government" choose "Board of Health". Click on "Board of Health Regulations".

- Review local regulations found under "Food Protection" (certified food protection manager certification requirements and grease interceptor requirements).
- Review the Minimum Sanitation Standards for Food Establishments (105 CMR 590.000: State Sanitary Code, Chapter X) also known as; the MA Merged Food Code, found under Appendix A.
- Review Regulations Prohibiting Smoking in Workplaces and Public Places found under "Community Health".