



# 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**

	Floor	Coving	Walls	Ceiling
Kitchen Area				
Warewashing area				
Dry Food Storage				
Other Storage				
Walk-in Refrigerators & Freezers				
Toilet Room				
Dressing Rooms				

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".