FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

for Class 1 Food Establishments

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT
580 Cottage Grove Road, Suite 100
BLOOMFIELD, CT 06002
(860) 561-7900 PHONE
(860) 561-7918 FAX

Plan Review Fee: Class 1 -

_____ **NEW**	_____ **REMODEL**	_____ **CONVERSION**

Name of Establishment:

Establishment's Address:

Phone (if available):

Name of Owner or Owner's Representative:

Mailing Address:

Telephone:

Applicant's Name and Relationship to Owner (self, manager, etc.):

Mailing Address: _____

_____

_____

Telephone:

Please note the dates that plans have been submitted to the following agencies:

Building Department _____

Fire Marshal _____

Zoning Department _____

Hours of Operation

Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____
Total Square Feet of Facility: _____						
Projected Date for Start of Construction: _____						
Projected Date for Completion of Project: _____						

The following documents must be included for review:
Listing of food and beverages to be sold.
Plan of facility showing location of food storage and display
Location of all cleaning materials and toxic items that will be used at the facility.

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STATEMENT: I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior approval from the West Hartford-Bloomfield Health District is prohibited.

Signature(s) _____

_____

Owner(s) or Responsible Representative(s)

Date: _____

Approval of these plans and specifications by the West Hartford-Bloomfield Health District does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). **(A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments).**