

**Chester County Health Department
Bureau of Environmental Health Protection**

Government Services Center
601 Westtown Road Suite 288
P O Box 2747
West Chester PA 19380-0990
Telephone: 610-344-5938
Fax #: 610-344-5934

APPLICATION FOR 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 **Two Hundred Dollars (\$200.00)** 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.
- Farmer's Market Vendors (prepackaged foods only) an application fee of **Fifty Dollars (\$50.00)** must be submitted with application. **Whole, uncut produce is exempt from application fee.**

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 _____ Conversion of an Existing Structure for Use as a Food Facility
_____ Remodel of an Existing Facility _____ Change of Type of Food Facility or Food Operation
_____ Change of Ownership for an Existing Facility _____ Farmer's Market Vendor
_____ Other, Describe _____

SECTION 2 FACILITY INFORMATION

PROPOSED NAME OF FACILITY: _____

PHYSICAL LOCATION OF FACILITY:

Street _____ City _____ State _____ Zip Code _____
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):

Street _____ City _____ State _____ Zip Code _____
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 # _____

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)

<input type="checkbox"/> Retail Grocery	<input type="checkbox"/> Retail Grocery / Salvage	<input type="checkbox"/> Farm Market Stand
<input type="checkbox"/> Dine-In Food Service	<input type="checkbox"/> Take Out Food Service	<input type="checkbox"/> Catering
<input type="checkbox"/> Mobile Facility	<input type="checkbox"/> Church	<input type="checkbox"/> Bar / Club
<input type="checkbox"/> School	<input type="checkbox"/> Organized Camp	<input type="checkbox"/> Day Care
<input type="checkbox"/> Other Describe: _____		

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

<input type="checkbox"/> Monday	Time _____	<input type="checkbox"/> Friday	Time _____
<input type="checkbox"/> Tuesday	Time _____	<input type="checkbox"/> Saturday	Time _____
<input type="checkbox"/> Wednesday	Time _____	<input type="checkbox"/> Sunday	Time _____
<input type="checkbox"/> 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://www.chesco.org/CFM> 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