



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872 1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3032
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Submit the Plan Review Fee of \$400.00 along with a copy of the proposed menu and plan review information in accordance with Section 4 of the NCDHD Sanitary Code

NAME OF FACILITY: _____

TYPE OF FACILITY: _____

NEW () REMODELED () ADDITION ()

LOCATION OF FACILITY: _____

OWNER - Name: _____

Address: _____

Telephone No.: _____ E-mail: _____

APPLICANT OR RESPONSIBLE AGENT:

Name: _____

Address: _____

Telephone No.: _____ E-mail: _____

The applicant or responsible agent is: (Check one)

() Operator () Contractor () Architect () Other (Specify _____)

Type of Facility Service: (Circle one)

1. Full Service	2. Seasonal	3. Food Market
4. Commissary	5. Caterer	6. Institutional-Private
7. Corporate Cafeteria	8. Mobile Vehicle	9. Vending Cart
10. Bakery	11. Ice Cream	12. School Cafeteria
13. Snack Bar	14. Deli	15. Other

Projected Service Capacity: Number of Seats: _____

Total Square Footage: _____

Date Received: _____ Fee Paid: _____

Revised 9/26/05