



Connecticut River Area Health District

455 Boston Post Road, Suite #7
Old Saybrook, Connecticut 06475

Fee:
\$250



Public Health

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

(plan review is required for any new, remodeled, renovated or converted establishment)

NEW REMODEL Establishment Name: _____

Address: _____ Town: _____

Type of Establishment: (eX.Restaurant, Deli, Bar, Bakery, Retail, etc.)

Applicant: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Water Source: Well (State Health Department Permitting may be required) Public Water

Septic: On-site (Septic system requirements will be under separate review) Public Sewer

Number of seats proposed: _____ Number of seats existing: _____

of seats for an existing establishment must remain the same unless B100A approval is obtained from this office

Estimated Meals served: Breakfast _____ Lunch _____ Dinner _____

Hours of Operation: _____

Projected Start Date: _____

Applicant: Signature: _____ Date: _____

Applicant Print Name: _____

*** Pre-operation inspection(s) and licensing required prior to opening.**

Attach proposed Menu, Manufacturer equipment specs, Kitchen plans.

Office Use Only.....

Check# _____ Cash _____ Credit/Debit _____

Date Approved: _____ Signed: _____ Title: _____

Comments: _____