



Connecticut River Area Health District  
455 Boston Post Road, Suite #7  
Old Saybrook, Connecticut 06475

Fee:  
\$300



**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 Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ 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: \_\_\_\_\_

# of seats for an existing establishment must remain the same unless BI00a approval is obtained from the CRAHD office

**Meals served:**

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

*Hours of Operation:*

*Projected Start Date:* \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Pre-operational inspection(s) and licensing required prior to opening. Attach proposed Menu, Manufacturers equipment specs, kitchen plans & a copy of your Certified Food Protection Manager License.

Date Approved: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Card

860-661-3300

Web: [www.crahd.info](http://www.crahd.info)