



**Connecticut River Area Health District**  
 455 Boston Post Road, Suite #7, Saybrook Junction  
 Old Saybrook, Connecticut 06475  
 Telephone (860) 661-3300 FAX (860) 661-3333

**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.....

Fee: \$250      Check# \_\_\_\_\_      Cash      Credit/Debit

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

FSE Class: \_\_\_\_\_ Comments: \_\_\_\_\_