



Connecticut River Area Health District

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

Telephone: 860 661-3300 Web: www.crahd.info

Fee: \$250

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# _____

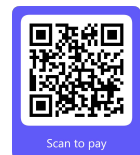
Cash

Credit/Debit

<https://buy.stripe.com/3cs8wy51NfNobx6cMT>

Date Approved: _____ Signed: _____ Title: _____

Comments: _____



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