

APPLICATION FOR PLAN REVIEW OF NEW OR REMODELLED FOOD SERVICE FACILITY

The fee for food service facility plan review is \$200. Please complete this application with a check payable to "Town of Windsor" and submit it to the Windsor Health Department with the plan review checklist and the proposed menu, necessary plans, finish schedules, and equipment schedule and cut sheets. Plans may also have to be submitted to the Building Department and the Fire Marshal for their review and approval.

BILL TO: _____

APPLICANT'S NAME: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ CELL: _____ FAX: _____ E-MAIL: _____

FACILITY OWNER'S NAME (IF DIFFERENT) _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ CELL: _____ FAX: _____ E-MAIL: _____

PROPOSED DAYS AND HOURS OF OPERATION _____

PROPOSED MODE OF PREPARATION AND SERVICE:

1. COMMERCIALY PREPARED AND PRE-PACKAGED FOODS AND BEVERAGES ONLY ____

2. FOOD PREPARED BY COLD PROCESSES ONLY; EXCEPT, THAT COMMERCIALY PREPARED, READY-TO-EAT FOODS MAY BE HEATED AND SERVED WITHIN 4 HOURS OF HEATING ____

3. FOOD PREPARED BY HOT PROCESSES THAT ARE SERVED WITHIN 4 HOURS OF INITIAL HEATING ____

4. FOOD PREPARED BY HOT PROCESSES THAT ARE SERVED MORE THAN 4 HOURS FROM INITIAL HEATING ____

5. FOOD PREPARED AT THIS FACILITY IS TO BE SERVED ELSEWHERE ____

6. SINGLE-SERVICE UTENSILS USED FOR SERVICE ____

7. MULTI-USE UTENSILS USED FOR SERVICE ____

ESTIMATED NUMBER OF MEALS TO BE PREPARED PER DAY ____

ESTIMATED NUMBER OF SUPPLY DELIVERIES PER WEEK:

MEAT, FISH, POULTRY, SHELLFISH ____

DAIRY ____

CANNED AND DRY INGREDIENTS ____

BAKERY ____

PRODUCE ____

BEVERAGES ____

PAPER GOODS ____

LINEN ____

OTHER (DESCRIBE) _____

RECOVERY RATE (GALLONS/HOUR) AND TEMPERATURE RISE (DEGREES) OF HOT WATER SYSTEM _____