

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 Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Check all that apply: Restaurant  Deli  Caterer  School  Church  Bar  Bakery  Retail   
Ice Manufacture  Long Term Care  Itinerant Vendor  Seasonal  Other

Applicant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Septic: On-site \_\_\_\_\_ (Septic system requirements 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:*

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_ Projected Date for Completion of Project: \_\_\_\_\_

**The following documents must accompany this application: Proposed menu, Manufacturer equipment specs, Kitchen plans, Other:** \_\_\_\_\_

Applicant: Signature: \_\_\_\_\_ Print: \_\_\_\_\_

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

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

**Office Use Only**.....

Fee: \$250 Cash  Check# \_\_\_\_\_

CRAHD approval date: \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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