



The Commonwealth of Massachusetts
Town of Danvers
Board of Health



Food Establishment Plan Review Application

1. Applicant Name and Phone Number: _____
2. Completed Food Establishment Permit Application attached w/ fee: yes _____ no _____
3. New or Remodel: _____
4. Number of floors on which operations are conducted: _____
5. Projected date for start of project: _____
6. Projected date for completion of project: _____
7. Maximum number of meals to be served daily (approximate number): _____
8. Food delivery schedule (estimated) i.e., 3 X per week, every ten days

9. Please enclose the following documents, plans, and summary sheets:
 - a. Proposed menu
 - b. Manufacturer specification sheet for each piece of equipment
 - c. Site Plan showing location of business in building; location of building on site including alleys, streets; location of outside equipment including dumpsters, grease trap
 - d. Food Establishment Plan shall meet the following specifications:
 - i. Date of proposed and revised plan
 - ii. Name & Title of designer (must be a Registered Sanitarian)
 - iii. A minimum of 11 x 17 inches in size
 - iv. Total square feet (sqft) of facility
 - v. Layout of the floor plan accurately drawn to a minimum scale of $\frac{1}{4}$ inch = 1 foot
 - vi. Location of all equipment
 - vii. Comprehensive dry storage specifications, i.e. depths of shelves in feet, clearance between shelves in feet, total linear feet of shelving, storeroom floor area in sqft
 - viii. Summary of hot water supply requirements (Please refer to the attached *Hot Water Heater Calculation Worksheet*)
 - ix. Summary of Reach-in Cooler and Walk-in Cooler space in gross cubic feet (cuft)
 - x. Summary of Reach-in Freezer and Walk-in Freezer space in gross cuft