



Fee: \$660.00

Date Paid: _____

ASPETUCK HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Fax: (203) 221-7199

PLAN REVIEW GUIDELINES FOR FOOD ESTABLISHMENTS

The following documents and materials must be submitted in order to obtain Health District approval for renovation or construction, and must be approved by the Health District prior to the start of any construction or renovation:

1. Application for plan review, with the **\$295.00** (Renovation) or **\$660.00** (New Establishment) fee. **If there is a change of ownership, it is considered a New Establishment.**
2. Two (2) hard copies of the floor plan, drawn to scale for the **ENTIRE** establishment; includes all floors and dumpster area. (ARCHITECTURAL DRAWINGS / BLUEPRINTS ARE PREFERRED).
3. A numbered equipment schedule, listed on prints.
4. Cut sheets, numbered to correspond to the equipment schedule (see 3, above), for all new equipment.
5. Floor and wall finishes, including description of the type of covering for floor/wall junction (cove base, molding, etc.) listed on blueprints.
6. Proposed menu must be submitted. Please do not send any menus off for batch printing until this office has reviewed them for compliance with the most-current consumer advisory requirements. Menus must include a statement directing customers to alert their server, prior to placing an order, of any food allergies that they may have. See attached guidance document.
7. Copy of proposal or contract with carting company for garbage and refuse removal.
8. Copy of proposal or contract with extermination company for pest control.
9. Copies of Certified Food Protection Manager (CFPM) certificate(s), if applicable.

PROCEDURE FOR PLAN REVIEW

- 1) Floor plans and equipment schedule is reviewed by sanitarians for Code compliance.
- 2) Necessary changes or modifications to plans are communicated to the owner or architect by revisions made to plans.
- 3) New plans, with required changes, are resubmitted for review.
- 4) Once approved, plan approval letters and stamped plans must be picked up in person. Approvals are not sent digitally.
- 5) The owner must contact the Public Works Department for grease trap requirements.
- 6) Construction/renovation work may begin after zoning and building permits are obtained, if applicable.
- 7) Health District sanitarians will inspect during construction and when construction is completed. Health District approval of construction is necessary to obtain a Zoning Certificate of Compliance (ZCC) from the Planning and Zoning Department.

PROCEDURE FOR OBTAINING FOOD PERMIT:

- 1) Following a successful Health District inspection, obtain the ZCC from the Planning and Zoning Department and the Certificate of Occupancy from the Building Department.
- 2) Submit food permit application with appropriate fee and a copy of the ZCC and the Certificate of Occupancy to the Health District.

□

□

The *Liquor Control Statement* is signed by the Director of Health after the Food Permit is issued.

"C:\Users\Documents\Environmental Forms(1)\2025 Permit Forms\Food\Plan Review New Establishment and Renovation Applications and Guidelines 2024.doc"Rev. March 13, 2025

Food Establishment Plan Review Questions

Are you proposing a 3-compartment sink for ware-washing? **Yes No**

What are the dimensions of the individual sink compartments (length/width/depth)? The compartments must be big enough to fit your largest equipment that needs ware-washing.

Is the 3-bay sink equipped with drainboards on both ends to allow for storage of dirty equipment and air drying of sanitized equipment? **Yes No**

If not, where will dirty equipment be stored prior to washing, and where will sanitized equipment be stored to air dry?

Will you use multi-use eating and drinking utensils for the customers? (i.e. silverware, glasses, ceramic plates, etc.)

Yes No

If yes, a commercial dish machine is required.

Are you proposing a food prep sink? **Yes No**

A mop sink (AKA a slop or janitor sink) is required. Have you located it on your plan? **Yes No**

Will the mop sink be equipped with hot and cold running water? **Yes No**

Are you proposing a bar? **Yes No**

If yes, both a dump sink and hand sink(s) are required at the bar.

What is the proposed hot water heater size (in gallons)? _____

Are you proposing an outdoor patio? **Yes No**

Are you proposing any raw fish items on your menu? **Yes No**

If so, prior to opening, you must provide documentation of parasite destruction from your fish suppliers, unless using fish species that are exempt from parasite destruction, or performing the freezing in-house (most regular commercial equipment is not capable of doing this) – FDA Food Code Section 3-402.11

Note: If your menu includes baked goods, pastas, pizza, or soft-serve ice cream, you may also need a license from the Connecticut Department of Consumer Protection. Contact them at 860-713-6160 or dcp.foodstandards@ct.gov to determine any requirements.

□

□

Sign & date below that contact has been made.

License required? ☐ Yes ☐ No

Signature

Date of Correspondence with DCP
(If email correspondence, include a copy)

The following are considered special processes which require either State or **Local Health** approval **BEFORE** they can be implemented:

Smoking food for preservation (not flavor)	Curing food for preservation (not flavor)
Using additives such as vinegar for preservation (not flavor) or to render food not temperature-sensitive (i.e. acidifying sushi rice)	Reduced Oxygen Packaging/Vacuum Sealing
Canning or Jarring	Custom processing animals for personal use
Operating a molluscan shellfish life-support tank to store/display prior to human consumption	Sprouting seeds or beans
Cook-Chill (Cooking food and then hot filling into bags/pouches for rapid cooling)	
Or	
Sous Vide (Vacuum sealing food and then cooking it in the bags)	

Are you proposing any of the above processes? **Yes** **No**

If so, which processes? This will be discussed further, separately.



Consumer Advisory & Allergen Statement Requirement for Menus

Menus must have proper consumer advisory language. Menu items subject to the consumer advisory (items that may be served raw or undercooked or contain raw or undercooked ingredients) must have an asterisk (or another symbol) next to them. The consumer advisory statement must also have this same symbol before it, linking the menu item to the statement. An example of an acceptable consumer advisory can read:

***These items may be served raw or undercooked or may contain raw or undercooked ingredients.
Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.**

Examples of items this may apply to include things such as burgers or steaks that can be ordered undercooked (i.e. medium rare), eggs that are served or can be ordered runny/sunny-side-up or poached, Eggs Benedict, hollandaise sauce containing raw eggs, ceviche containing raw fish, sushi/sushi rolls containing raw fish, veal chops that can be cooked to order, carpaccio, tartare, raw bars, drinks containing raw eggs (i.e. Whiskey Sour), etc.

Menus must also include a statement directing customers to notify their server about any food allergies they have, prior to placing an order.

Ex. **“Prior to placing your order, please notify your server of any allergies you may have.”**



ASPETUCK HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Fax: (203) 221-7199

APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW: (NEW ESTABLISHMENT)

Name of Business: _____

Address of Business: _____ Town: _____ ZIP: _____

Contact Person Name: _____ Phone: (____) _____

E-mail: _____ Fax: (____) _____

Mailing Address: _____ Town/State: _____ ZIP: _____

Owner Mailing Address: _____ Town/State: _____ ZIP: _____

Architect Mailing Address: _____ Town/State: _____ ZIP: _____

☐ Food Establishment ☐ Food Store ☐ Take Out Only ☐ Catering Food Service ☐ Other _____

Which of the following are served? Breakfast ____ Lunch ____ Dinner ____

Days/Hours of Operation: _____

Water Supply

☐ Public Water ☐ Private well (Provide a well water analysis current within 1 year)

-Is the well part of a public water system? Yes ____ or No ____

Sewage Disposal

☐ Public Sewer ☐ Septic System – if sewage disposal is via a septic system, how many seats are proposed? ____

I attest here that the information supplied here is accurate and correct.

Signature and Title

Date

Please TYPE or Print Name

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered:
By:	By:	By:



ASPETUCK HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Fax: (203) 221-7199

Fee: \$295.00
Date Paid

Name of B **APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW:** _____
Address of **(RENOVATION)** _____

Contact Person Name: _____ Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Mailing Address: _____ Town/State: _____ ZIP: _____

Owner Mailing Address: _____ Town/State: _____ ZIP: _____

Architect Mailing Address: _____ Town/State: _____ ZIP: _____

☐ Food Establishment ☐ Food Store ☐ Take Out Only ☐ Catering Food Service ☐ Other _____

Which of the following are served? Breakfast ____ Lunch ____ Dinner ____

Days/Hours of Operation: _____

Water Supply

☐ Public Water ☐ Private well (Provide a well water analysis current within 1 year)

-Is the well part of a public water system? Yes ____ or No ____

Sewage Disposal

☐ Public Sewer ☐ Septic System – if sewage disposal is via a septic system, how many seats are proposed? ____

I attest here that the information supplied here is accurate and correct.

Signature and Title

Date

Please TYPE or Print Name

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered:
By:	By:	By: