



### 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 **\$305.00** (Renovation) or **\$800.00** (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](mailto:dcp.foodstandards@ct.gov) to determine any requirements.

Sign & date below that contact has been made.

\_\_\_\_\_  
Signature

License Required?      **Yes    No**

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)	<b>Reduced Oxygen Packaging/Vacuum Sealing</b>
<b>Canning or Jarring</b>	Custom processing animals for personal use
Operating a molluscan shellfish life-support tank to store/display prior to human consumption	Sprouting seeds or beans
<b>Cook-Chill (Cooking food and then hot filling into bags/pouches for rapid cooling)</b>  <b>Or</b>  <b>Sous Vide (Vacuum sealing food and then cooking it in the bags)</b>	

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

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

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## **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.

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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

**Fee: \$800**  
**Date Paid:**

**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

<b>Fee: \$305.00</b> Date Paid _____
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**APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW:  
(RENOVATION)**

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_

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Days/Hours of Operation: \_\_\_\_\_

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

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

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\_\_\_\_\_  
Signature and Title

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Date

\_\_\_\_\_  
Please TYPE or Print Name

\_\_\_\_\_  
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