



# Food Establishment Plan Review Application

Acton Board of Health  
Health Dept. Phone: 978-929-6632  
[www.acton-ma.gov](http://www.acton-ma.gov)  
[health@acton-ma.gov](mailto:health@acton-ma.gov)

**Form  
F-6**

## Fee:

- New Construction (\$275)
- Renovation (\$155)
- Conversion (\$90)
- HACCP (\$220)

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

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

Phone (if available): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Title (owner, manager, architect, etc): \_\_\_\_\_

Plans/Application have been submitted to the following:  
(Please note date of submittal on application line)

____	Town Manager/Board of Selectmen	_____	Plumbing
____	Building/Zoning	_____	Electric
____	Planning	_____	Police
____	Conservation	_____	Fire
____	Other	_____	

Health Department to Complete Below This Line

1.	Application Completed w/Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Application and Plans Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Approval Letter Sent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Final Pre-Operative Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Issue Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Plans Rejected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Food Certification Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Tobacco Permit Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inspectors Initials \_\_\_\_\_ Date \_\_\_\_\_

# **PLAN REVIEW WORKSHEET**

## **REQUIRED DOCUMENTATION / SUBMISSIONS**

- PLAN REVIEW FEE (payable Town of Acton)
- PROPOSED MENU
- FLOOR PLAN (see below for minimum standards / information required)
- EQUIPMENT SCHEDULE (with specification sheets, as available)
- PEST CONTROL CONTRACT COPY (IPM and frequency of service)
- DISPOSAL CONTRACT (size of dumpster, pick-up frequency, grease rendering contracts)
- EMPLOYEE SICK POLICY
- WRITTEN PROCEDURES FOR FOOD PROCESSES (thawing, holding, cooking, cooling)
- HACCP PLAN AND FEE (if required)
- DOCUMENTATION / LICENSES (food manager certification, allergen awareness, liability insurance, anti-choke if required)

## **FLOOR PLAN REQUIREMENTS**

- SIZE AND FORMAT: MINIMUM 1/4" PER FOOT SCALE
- LOCATION OF ALL EQUIPMENT (elevation, spacing, dimensions of equipment – list on equipment schedule)
- LOCATION / QUANTITY OF THE FOLLOWING SINKS: food prep, 3-bay sink, handwashing, service / mop sink
- LOCATION OF THE FOLLOWING AREAS: receiving, food preparation, warewashing, garbage disposal, dressing / changing rooms, chemical storage, dry storage, food storage, mop sink, area for washing of waste bins, grease traps, backflow prevention, floor drains, hot water heater, waste water fixtures, ventilation facilities
- SEATING CAPACITY
- STORAGE CAPACITY (dry, cold, hot)
- DISH WASHING TYPE (3-bay, dish machine)
- SANITIZING AGENT (chlorine, QAC, high temperature)
- FINISH / LIGHTING SCHEDULE
- TYPES OF FOOD SERVICE OPERATIONS
- FLOW OF FOOD DIAGRAM, RISK BASED (receiving – service)
- DAILY MEAL VOLUME (food service only)