

**PLAN REVIEW APPLICATION FOR FOOD FACILITY
MEDIA BOROUGH DEPARTMENT OF HEALTH
PLAN REVIEW APPLICATION FOR FOOD FACILITIES**

GENERAL INFORMATION:

The Media Borough Department of Health Rules and Regulations for Conducting and Operating Food Facilities require that a properly prepared application, fee, plans, menu and specifications for the construction, remodeling/alteration or change of ownership for a food facility be submitted to and approved by the Department before any work can begin or the facility can be licensed. The application and fee for plan review, as well as a separate application and fee for a license, must be submitted to this Department within 24 hours of any change in ownership of a currently licensed food facility.

NOTE: Plan review fees do not cover the cost of filing an application for a Media Borough Department of Health food facility license. Food facilities cannot open for business unless they have been recommended for licensing by this Department. Make check or money order payable to: Media Borough. (See current fee schedule)

Date ___ / ___ / ___ Fee Submitted \$ _____ Municipality _____

Name of Facility _____

Address _____ Phone # _____

Owner's Name (licensee) _____ Daytime Phone # _____

Mailing Address _____

Name of plan designer (if other than owner) _____ Phone # _____

Manager Contractor Designer Supplier (Specify) _____

Mailing Address _____

Project Type: (Check all that apply): New Renovation Project Change of Ownership

Provide a brief description of the proposed project. If this is an ownership change only and no renovation or change in menu is proposed, please indicate: _____

TYPE OF SERVICE:

Check all that apply:

- Full Table Service
- Buffet Style
- Take-out Only
- Supermarket/Deli
- Caterer/Commissary
- Mobile Food Unit
- PA Liquor License
- Other (Specify) _____

Fill in Blanks:

Total Number of Seats (Including Bar areas): _____

Total Square Footage _____

(Food preparation, storage, display and dining areas)

Hours of Operation (days & times) _____

MENU INFORMATION: Please list below examples of typical items and attach a copy of the actual menu, including consumer advisory, if applicable:

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Employee Information: Number of Certified Food Safety Managers _____

(One required for all hours of operation/food preparation)

Submit details on your employee disease/medical condition reporting policy _____

Construction: Anticipated Start Date ___/___/___

Completion Date ___/___/___

Name of Solid Waste Hauler: _____

Dumpster Location (asphalt, concrete pad, etc.) _____

Name of Recycling Contractor _____

Other Municipal Bureaus and State Agencies may require you to obtain appropriate permits and licenses. Below is a list of phone numbers where you may get more information.

Building Inspections610-566-5210 #247

(Building, plumbing and electrical permits, grease trap requirements)

Planning (Land Use).....610-566-5210 #247

Zoning (Location approval).....610-566-5210 #247

Fire Inspections.....610-566-5210 #247

PA Department of Agriculture.....1-610-489-1003

(Food Registration/Frozen Dessert License/Shellfish permits)

PA Liquor Control Board1-610-821-6531

(Liquor Licenses)

PA Department of Environmental Protection.....1-484-250-5900

PA Department of Revenue215-443-2990

Attach the application to plans and specifications and mail to the appropriate District Office.

**PLAN REVIEW APPLICATION FOR FOOD FACILITY
- FEATURES OF THE FOOD FACILITY-**

COMPLETE AND SUBMIT WITH YOUR PLANS. SUBMIT ADDITIONAL SPECIFICATIONS AS NEEDED

MATERIALS AND CONSTRUCTION

Room/Work Area	Wall Finishes	Type of Cove Base	Floor Finishes	Ceiling Finishes
Kitchen				
Cooking				
Food Preparation				
Dishwashing				
Dry Storage				
Utility Room				
Restrooms				
Retail Sales Area				
Bar/Dining Area				
Other (Specify)				

NOTES: _____

LIGHTING

Work Area	Type and Wattage	Type of Shielding or Protection
Kitchen		
Storage Area		
Retail Sales Area		
Bar/Dining Area		
Other (Specify)		

NOTES: _____

FLOOR DRAINS (Number and Construction) _____

(Floor drains are prohibited in walk-in coolers and freezers)

NOTES: _____

WATER SUPPLY:

- Municipal Water Authority's Name: _____
- On-Site Well (Submit water test results)
- Hot Water Supply Capacity (Gallons & BTU) _____

SEWAGE DISPOSAL:

- Municipal Sewer Authority's Name: _____
- On-Site sewage disposal

