



Public Health
Prevent. Promote. Protect.

**Town of Westwood
Commonwealth of Massachusetts
Board of Health**

Application for the Review of Food Plans

Application Number:

Date:

Non Refundable Fee: 0-5,000 sq.ft. - \$150.00
5,0001 sq. ft and over \$0.03 sq. ft.
Checks made payable to Town of Westwood

For tenant fit out, the 30 business day approval will not begin until the Westwood Building Department approves the building shell.

New Remodel Conversion

Name of Establishment:

Establishment Address:

Establishment Phone Number:

Name of Owner:

Owner's Telephone number:

Mailing Address:

Email Address:

Applicant's Name:

Applicant's Title:

Mailing Address:

Email Address:

Total Square Footage of Facility:

Number of Seats:

Number of Staff:

Projected Dates For Project:

Start:

Finish:

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from this office may nullify this approval.

Owner(s) or Responsible Representative Signature

Date

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulations that may be required (federal, state, or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

Submit the following documents listed:

1. This completed Application for Review of Food Plans with the fee
2. Completed Food Establishment Operation Document (Document 2)
3. Properly prepared plans, stamped by a Professional Engineer or Architect, accurately drawn to a minimum scale of ¼ inch = 1 foot, a minimum of 24x36 inches in size, to include the proposed layout (equipment clearly labeled), mechanical schematics, construction materials and finish schedule
3. Equipment Specifications
4. Intended Menu

The following to be completed/submitted by the Owner/Manager of the Food Establishment

1. Completed Food Establishment Application (Document 3) with Appropriate Fee – See Attached Fee Schedule (Document 4)
2. A copy of Certified Food Safety Manager Certificate(s)
3. A copy of CPR Certificate (for establishments with 25 or more seats)
4. Allergen Awareness Certificate

Establishments must obtain and keep on premises copies of 105 CMR 590.000 of the State Sanitary Code, Chapter X Minimum Standards for Food Establishments and the 1999 Federal Food Code

IMPORTANT: For further information a Food Establishment Plan Review Guideline may be accessed at <http://www.townhall.westwood.ma.us>

Instructions on how to obtain the above codes online:

<http://www.state.ma.us/dph/fpp> then scroll down to **"QUICK LINK"**

click **"Food Protection Program Regulations"** then scroll down to **"RETAIL"**

Click on both

1.) 105 CMR 590.000 Minimum Sanitation STANDARDS FOR FOOD ESTABLISHMENTS: ARTICLE X (state)
And
- 2.) 1999 FOOD CODE (federal)

OR

You may call the State Bookstore
Massachusetts State House, Room 116
Beacon Street
Boston, MA 02133
Phone: 617-727-2834