



Town of Wallingford Health Department

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Director of Health:
Vanessa Bautista,
MPH, R.S.

SUBMITTAL PAGE

STATEMENT: A newly constructed, converted, renovated, or remodeled food establishment or a food establishment with a recent change of ownership is required to submit a plan review application to the Wallingford Health Department (WHD) to ensure compliance with all applicable codes.

If you have any questions concerning your plan review, please call the WHD at (203) 294-2065.

Name of Establishment: _____

Address of Establishment: _____

Printed Name of Applicant: _____

Applicant Title: _____

Applicant Phone Number: _____

Applicant E-mail Address: _____

I hereby certify that to the best of my knowledge; the contents of this plan review application are true and correct at the time of submission.

Signature of Applicant: _____ Date: _____

Please note that the process takes approximately 10 working days from receipt of plan.

Any changes made to the floor plan, equipment schedule, finish schedule, plumbing schedule, water source, or sewage disposal must be approved in advance. Approval of these plans and specifications by the WHD does not indicate compliance with other regulatory codes. It does not constitute an endorsement or acceptance of the completed establishment. Pre-operational inspection of establishment required to determine its health code compliance.

This is not an application for a food establishment permit. An application for permit can be filed after plan approval. At the time of application for permit, an establishment must have a contract with a professional licensed pest control service, a contract with professional waste removal service, and a contract with grease removal service (if applicable).



Public Health
Prevent. Promote. Protect.

FOOD ESTABLISHMENT CONTACT / ADMINISTRATIVE INFORMATION
(All information MUST be provided or noted as Not Applicable)

Name of Establishment: _____

Address of Establishment: _____

Proposed Opening Date: _____

Name of Business Owner _____

Phone Number of Business Owner: _____

E-mail Address of Business Owner _____

Address of Business Owner: _____

If your Establishment is owned by a Limited Liability Corporation, please provide the additional information below:

Mailing Address of LLC: _____

Name of Principal or Registered Agent of LLC: _____

Phone Number of Principal or Registered Agent of LLC: _____

E-mail Address of Principal or Registered Agent of LLC: _____

Does the business own or rent the building?

Own

Rent

If your establishment's location is on a rental property, please provide the additional information regarding the property owner below:

Name of Property Owner: _____

Phone Number of Property Owner: _____

Address of Property Owner: _____

E-mail Address of Property Owner: _____

PLEASE READ THESE INSTRUCTIONS THOROUGHLY BEFORE COMPLETING THE PLAN REVIEW APPLICATION

- A. Plan types are dependent on the scope of work involved in opening the food establishment. Choose which of the following four options best describes the circumstances of the food establishment.
1. Newly constructed food establishment
 - a. Submit a professionally rendered, engineered site plan, and architectural interior layout plan with complete equipment schedule, finish schedule, plumbing schedule, approved water source, and approved sewage disposal method to WHD.
 2. Extensive renovation to an existing establishment
 - a. Submit a professionally rendered, scaled floor plan with complete equipment schedule, finish schedule, plumbing schedule, approved water source, and approved sewage disposal method to WHD.
 3. Basic remodel of an existing establishment
 - a. Submit a scaled floor plan detailing the proposed changes with complete equipment schedule, finish schedule, plumbing schedule, approved water source, and approved sewage disposal method to WHD.
 4. New owner of an existing food establishment with no remodeling or renovations
 - a. Submit proposed / current menu with the plan review application to WHD. An onsite inspection will be required in conjunction with the plan review to reassess code compliance.
 - b. Submit current contracts with a professional licensed pest control service, a professional waste removal service, and any applicable professional grease removal service
- B. Any plan submitted for review should contain:
1. This completed application.
 2. A proposed menu.
 3. A scaled drawing of proposed establishment showing locations of items from Equipment, Finish, and Plumbing Schedules. **(Not Applicable for new owner of existing establishment with no remodeling or renovations)**
 - a. Equipment Schedule
 - i. A list of the proposed commercial-grade equipment with ANSI-accredited certification to be used within the establishment
 - b. Finish Schedule
 - i. A list of proposed materials for floor, walls, and ceilings throughout the establishment
 - c. Plumbing Schedule
 - i. A list of plumbing connections and any necessary backflow preventers
 4. An approved water source for the food establishment.
 5. An approved sewage disposal method that complies with any CT DEEP Fats, Oils, and Greases requirements.
- C. Plan review timeline
1. Plan review applications will be reviewed in the order they are received.
 2. The WHD reserves ten (10) working days to review a submitted plan.
 3. After review of applicant's plan, the WHD will schedule a consultation with the applicant as necessary.
 4. Should the plan need revisions, the applicant will be informed in writing with comments.
 5. The WHD reserves a ten (10) working day review period for submitted plan revisions.
 6. Plan approval will be made in writing along with any other conditions of approval.

Plan approval is not a permit to operate.

