

APPLICATION FOR RETAIL FOOD SERVICE FACILITY PLAN REVIEW

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture issued under the Act of May 23, 1945, P.L. 925 (Act 369) and Act 70 of July, 7, 1994, require that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served or sold.

Please complete **all information** and submit the following to:

Patrick McGuire, Health Officer, 724-968-9263 3cityhealth@gmail.com

1. Facility Information (check one)

New Remodel (complete 1, 7, 8, 9) Food Type/Operation Change New Owner

Other, describe: _____

Name of Facility: _____

Address of Facility: _____

City: _____ State: _____ Zip Code: _____

County: _____

Owner's Name: _____ Telephone: _____

Name of Responsible Agent if Other Than Owner: _____

Manager Contractor Designer Supplier Other, Specify: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Office Phone: _____

2. Describe Your Facility (select all that apply)

Grocery/Retail

Restaurant

Take Out

Sit Down Service

Other Retail Facility, describe: _____

Mobile Facility

Catering

Food for Immediate Consumption

Temporary Facility

3. Type of Menu: Full Service Limited Menu Specific Food Items _____

Attach a Menu

Provide a description of the proposed retail food facility and the nature of the operation.

Projected Service Capacity: Seats: _____ Patrons Service: _____

4. Temporary Food Facility Only:

Name of sponsoring event, celebration or festival: _____

How many temporary events do you anticipate attending each year? _____

How many days a year do you intend to operate? _____

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5. Employee Information:

Number of employees anticipated: _____

Do you have a Pennsylvania Food Employee Certified food handler on staff? Yes No

Do you have an employee health policy? Yes No

6. Water, Sewage and Waste:

Type of Water Supply: Public/community. Name of Water Company: _____

Public/non-community (>25 people served or > 15 SC)*

Non-public (<25 people served or < 15 SC)

Is a current water test attached? (Coliform and/or Nitrite/Nitrate) Yes No

*Non-Community Water Supply sources must contact their regional DEP office to have their water supply approved.

Type of Sewage Disposal:

Public Yes No Name of Sewage System: _____

*Non-Public Yes No

Has Sewage Disposal Permit Been Obtained? Yes No

Attach a copy of Permit or SEO Letter.

Name of Solid Waste Collector: _____

Refuse Disposal Site (if known): _____

7. Zoning and Codes

Have Zoning Requirements been met? Yes No _____

Have Code Requirements (electrical, plumbing, ventilation, building, etc.) been met? Yes No _____

Copy of City Permit Attached? Yes No

8. Construction

Nature of Construction: Equipment Change New Construction Minor Construction

Briefly Describe: _____

Anticipated Start Date: _____

9. Anticipated Opening Date: _____

10. Signature of Applicant: _____ **Date:** _____

Submit a Drawings and Equipment Layouts of the new construction or changes.

Internal Use:

License Type:

E & D

Registration

Reg Exempt

Temporary

Standards for Review:

Permanent

Temporary

Mobile

TFF with Perm License

Approval:

Plans Approved, Date: _____

Plans Denied, Date: _____

Reviewing Sanitarian: _____