



## DELAWARE COUNTY HEALTH DEPARTMENT

### FOOD FACILITY PLAN REVIEW APPLICATION

Plan Review Applications are required for all new food license applications, including change of ownerships, new facilities, and renovations or operational changes of existing facilities. The application may be completed by the facility owner, property owner, architectural company, and/or general contractor. A Food Facility License application is also required for new facilities and change of ownerships- food licenses are not transferable.

Please note according to Retail Food Facility Safety Act (3 Pa. C.S.A. §§5701 - 5714),  
*"...it shall be unlawful for any proprietor to conduct or operate a retail food facility without first obtaining a license for each retail food facility...."*

Please allow **4 – 6 weeks** for processing after receipt of application, plans, requested documents, and fees. Failure to provide all required information could delay the plan review approval. It is highly recommended that the Plan Review is approved by the Delaware County Health Department before beginning any work at the establishment.

An Environmental Health Specialist will review the plans and notify the contact persons listed by email of the Plan Review approval or denial. Denials will require revision or additional information to be submitted. Approval of your Food Establishment Plan Review by the Environmental Health Specialist does not indicate approval or compliance with any other code, law or regulation that may be required, federal, state, or local. Once approved, a Plan Review Approval number will be issued. If not already submitted, the Food Facility License application must be submitted including applicable license fees.

After the Plan Review is approved, the Food Facility License application is submitted, and construction has been completed (if applicable), contact the assigned Environmental Health Specialist to arrange the Plan Review inspection. New facilities should be fully operational, without food, for the Plan Review inspection. Existing facilities or change of ownerships should be fully operational but may have food on-site if operations did not cease.

#### Definitions:

**Turn-Key Operation:** Facility will operate under the same name, with the same menu/operation

Turn-Key Operations are not exempt from any part of the Plan Review Application, however the fee is lower.

**Food Facility:** Change of Ownership with name and/or menu change; New Facility; Facility Renovation; Operation Change

*7 Pa. Code, Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture, are issued under the Retail Food Facility Safety Act (3 Pa. C.S.A. §§5701 - 5714) and 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 and sold. PDA follows the most current version of the FDA Model Food Code as its regulations. The Retail Food Facility Safety Act also requires that "New" Proprietors, or Owners, of a Retail Food Facility apply for licensing as all licenses are non-transferable between proprietors.*



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APPLICATION DOCUMENTS ARE TO BE COMPLETED BY THE OPERATOR AND SUBMITTED TO THE DELAWARE COUNTY HEALTH DEPARTMENT.

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Check (✓) type of application:

☐ New Construction

☐ Change of Ownership

☐ Conversion/Remodel

### Facility Information:

Establishment Name:			
Street Address:			
City:	State: PA	Zip:	Municipality:
Contact Name for Establishment:			Phone:
Fax:	Mobile:	Email:	

*License and Invoices will be mailed to the Facility Mailing Address*

### Owner Information:

Owner Name:			
Street Address:			
City:	State:	Zip:	Phone:
Fax:	Mobile:	Email:	

### Builder/Designer Information:

Builders Name:
Architect Name:

✓	Type of Plan Review Requested	FEE
	Food Facility	\$237
	Food Facility more than 10,000 Sq. Ft.	\$380
	Change of Ownership/Turn-Key Operation	\$47



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### Section 1: Facility Service Information:

**DAYS & TIMES OF OPERATION:** Check anticipated days and time the facility will be operational:

- |  |   |
|--|---|
| <input type="checkbox"/> Monday Time: _____    | <input type="checkbox"/> Friday Time: _____   |
| <input type="checkbox"/> Tuesday Time: _____   | <input type="checkbox"/> Saturday Time: _____ |
| <input type="checkbox"/> Wednesday Time: _____ | <input type="checkbox"/> Sunday Time: _____   |
| <input type="checkbox"/> Thursday Time: _____  |   |

**Type of Service:** Check ALL that apply:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Dine-in Service<br><input type="radio"/> Indoor<br><input type="radio"/> Outdoor | <input type="checkbox"/> Retail Grocery Store | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Convenience Store (no prepared food) |
| <input type="checkbox"/> Farmers Market Facility  | <input type="checkbox"/> Bar/Club             | <input type="checkbox"/> Non-Profit       | <input type="checkbox"/> Seasonal Operation                   |
| <input type="checkbox"/> Frozen Dessert   | <input type="checkbox"/> Catering             | <input type="checkbox"/> Commissary       | <input type="checkbox"/> Take-Out Only                        |

**Capacity:**

Number of Inside Seats \_\_\_\_\_  
Number of Outside Seats \_\_\_\_\_  
Projected Patrons Served Daily \_\_\_\_\_

**Employee and Training Information:**

Anticipated # of employees/volunteers, including owner \_\_\_\_\_

Do you have a Certified Food Manager during all hours of operation?

- ☐ Yes, attach copies of National Certificate (ANSI Approved Managers Exam)  
☐ Exempt, Please Explain \_\_\_\_\_

Do you have a written employee health policy that is reviewed with all employees?

- ☐ Yes, attach a copy of the written policy  
☐ Exempt, Please Explain \_\_\_\_\_

Do you have a written policy for cleanup of vomiting or diarrheal events that is reviewed with all employees?

- ☐ Yes, attach a copy of the written policy  
☐ Exempt, Please Explain \_\_\_\_\_



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### Menu Information:

- ☐ Full Service Menu\* (Full Menu)
- ☐ Limited Menu\* (Happy hour, buffet, bar menus, etc)
- ☐ Seasonal Menu\* (Changes seasonally)
- ☐ Full Service Grocery with Food Preparation\* (Hot Bar/Salad Bar, Pizzas, etc)

\*Include a copy of all proposed menus. (if seasonal included proposed menus per season)

**Will the facility perform any Specialized Processes** such as: Sous Vide, Cook-Chill, Vacuum Packing (ROP), Curing/Smoking for preservation, Sprouting, Fermentation, Acidification, Canning.

- ☐ Yes, if yes please include a copy of a HACCP Plan
- ☐ No

*\*Specialized processes must have a HACCP plan **submitted** with this application and **approved prior** to processing foods.*

### Section 2: Water, Sewer, Waste Information:

**WATER:** The facility is using:

- ☐ A municipal (community) water supply.  
Provide name of municipal water supplier: \_\_\_\_\_ (ex: Aqua)
- ☐ Other / Private water supply (ex: well water)  
I have attached proof of municipal water supply OR I have contacted DCHD and attached my approval letter OR I have attached my non-public water supply results.

**SEWER:** The facility is using:

- ☐ A municipal/public sewage disposal system. Sewage Authority: \_\_\_\_\_
- ☐ A non-public sewage disposal system (e.g., Sand mounds, holding tanks).  
For on-lot sewage disposal systems, please contact the local Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food facility. This would not apply if the facility is connected to an approved municipal supply, as listed above.
- ☐ External Grease traps or Interceptors. Company hired to pump: \_\_\_\_\_
- ☐ Internal Grease Traps or Interceptors. Company hired to pump or describe cleaning method:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFUSE:**

- ☐ The Food Facility refuse collector: \_\_\_\_\_ (company name)
- ☐ Any additional refuse/waste collection companies (e.g., grease collection, compost collection, etc.)  
\_\_\_\_\_  
\_\_\_\_\_



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#### Section 3: Construction, Structural, and Equipment Information:

Please enclose the following documents:

- ☐ Provide plans that are a **minimum of 11 x 14 inches** in size including the layout of the floor plan accurately drawn to a minimum scale of  $\frac{1}{4}$  inch = 1 foot. **Plans smaller than 11 x 14 will not be reviewed.**
- ☐ Equipment schedule (all Food Equipment to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program)
- ☐ Manufacturer specification sheets for each piece of equipment shown on the plan.
- ☐ Drawings must show the location and elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name.
- ☐ Submit drawings of the location of self-service hot and cold units with sneeze guards.
- ☐ Drawings must label and locate separate food preparation sinks.
- ☐ Clearly designate adequate hand-washing sink for each toilet fixture and in the immediate area of food preparation.
- ☐ Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
- ☐ Site plan showing location of business in building; location of building on-site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)
- ☐ Plan must be drawn to scale and show location of equipment, plumbing, electrical services, and mechanical ventilation.
- ☐ Lighting schedule:
  - At least 110 lux (10 foot candles) at a distance of at least 30 inches above the floor in walk-in refrigeration units and dry food storage areas.
  - At least 220 lux (20 foot candles):
    - At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption.
    - Inside equipment such as reach-in and under-counter refrigerators.
  - At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
  - Lighting in food preparation area must be shielded or shatter resistant
- ☐ Ventilation schedule for each room
- ☐ Cabinets for storing toxic chemicals
- ☐ Finish Schedule\*

Professional architecture firms will be able to provide prints and drawings of the required documents listed above. If you will not be using a professional architecture firm, please refer to section 7 of this packet for acceptable forms.

#### Section 4: Food Preparation and Storage Information:



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### Food Preparation:

Check categories of Temperature Control for Safety Foods (TCS) to be handled prepared and served.

- ☐ Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)
- ☐ Thick meats, whole poultry, (roast beef; whole turkey, chickens, hams)
- ☐ Cold processed foods (salads, sandwiches, vegetables)
- ☐ Hot processed foods (soups, stews, rice/noodles)
- ☐ Bakery goods (pies, custards, cream fillings & toppings)

Please describe how TCS food will be cooled to 41 degrees F within 6 hours  
(135 degrees F to 70 degrees F in 2 hours, and 70 degrees F to 41 degrees in 4 hours)

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### Food Storage:

#### Cold Food Holding

- ☐ Each refrigerator, freezer, and cold holding unit is required to have a thermometer.

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

Number of cold holding units: \_\_\_\_\_

#### Hot Food Holding

- ☐ Hot food for service must be held at a minimum of 135 degrees.

Number of hot holding units: \_\_\_\_\_



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### Section 5: Cleaning and Sanitization:

#### Cleaning and Sanitization of Utensils and Equipment

What type of sanitizer is used? Check all that apply

- ☐ Chlorine
- ☐ Iodine
- ☐ Quaternary ammonium
- ☐ Hot Water
- ☐ Other \_\_\_\_\_

Test kits for the above sanitizers will be stored where? \_\_\_\_\_

What method will be used for cleaning and sanitization of utensils?

- ☐ High Temperature Mechanical Dishwasher
- ☐ Low Temperature Mechanical Dishwasher with Chemical Sanitization
- ☐ Three Bay Sink
- ☐ Other \_\_\_\_\_

Number of dedicated mop sinks located at the facility \_\_\_\_\_

Will the facility have a laundry service?

- ☐ Yes, please list name of service \_\_\_\_\_
- ☐ No, please describe method of cleaning and drying linens and wiping cloths \_\_\_\_\_

### Section 6: Vectors

#### Pest Control Service

Will the facility be using a licensed Pest Control Company?

- ☐ Yes, name of company \_\_\_\_\_
- ☐ No

Will the facility store pesticides or other vector control chemicals in the facility?

- ☐ Yes
- ☐ No

If Yes, please describe storage location and what will be stored in that location in addition to those chemicals. (i.e., stored in a locked cabinet in a non-food prep area with nothing else)

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Finish Schedule (if needed)

<u>Location</u>	<u>Floor</u>	<u>Coving</u>	<u>Walls</u>	<u>Ceiling</u>
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Kitchen				
Refuse Storage				
Ware washing				
Walk-in Cooler				
Walk-in Freezer				
Prep Area				
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Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Application fee \$ \_\_\_\_\_ See fee schedule. Fee **MUST** be filed with application. All checks and money orders are made payable to Delaware County Health Department.

Application is hereby made for license to operate a food service establishment in Delaware County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Delaware County Public Health Code. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a sales and use tax license or exemption certificate from the Pennsylvania Department of Revenue.

\_\_\_\_\_  
Print name of owner/authorized agent

\_\_\_\_\_  
Signature of owner/authorized agent

\_\_\_\_\_  
Date



TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:



# DELAWARE COUNTY HEALTH DEPARTMENT

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### Checklist

1. Obtain an application from the Delaware County Health Department (DCHD) [website](https://www.delcopa.gov/health/environmentalhealth.html) (<https://www.delcopa.gov/health/environmentalhealth.html>)  
Please use the Institution Plan Review Application
2. Complete the application (please type or print legibly to prevent delays)
3. Provide supporting documentation:
  - ☐ All required information from Section 3
  - ☐ Copies of food safety manager certificates from ANSI approved program
  - ☐ A copy of the written Health Policy
  - ☐ A copy of the written policy for cleanup of vomiting or diarrheal events
  - ☐ Provide plans that are a minimum of 11 x 14 inches in size, including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. Plans are required for each building associated with the Plan Review.
  - ☐ Most recent food license issued by DCHD or local Delaware County Municipality
  - ☐ Copy of all Menus (see section 1)
  - ☐ HACCP Plan if needed
4. Required fee- check, money order, or credit card payments are accepted  
See Fee Schedule
5. Submit application packet and fee to DCHD:
  - Hand-deliver Monday-Friday 8:30 AM - 4:30 PM  
1510 Chester Pike, Baldwin Towers 7<sup>th</sup> Fl, Suite 700, Eddystone, PA 19022
  - Mail:  
DELAWARE COUNTY HEALTH DEPARTMENT  
Delaware County Health Department- Environmental Health Division  
1510 Chester Pike  
Baldwin Towers 7<sup>th</sup> Fl, Suite 700  
Eddystone, PA, 19022  
Phone: 484-276-2100