



APPLICATION FOR RETAIL FOOD SERVICE FACILITY PLAN REVIEW (Continued)

**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: \_\_\_\_\_

---

<b>License Type:</b> ' E & D ' Registration ' Reg Exempt ' Temporary
<b>Standards for Review:</b> ' Permanent ' Temporary ' Mobile ' TFF with Perm License
<b>Approval:</b> Plans Approved, Date: _____ Plans Denied, Date: _____
<b>Reviewing Sanitarian:</b> _____

