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:

Gary Bonelli, Health Officer, City of Butler, 140 W. North Street, Butler, PA 16001

1. Facility Information (circle 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 _________________

2. Describe your facility (select all that apply)

  ¦ Grocery/Retail  ¦  Restaurant  ¦  Take Out  ¦  Sit Down Service  ¦  Temporary Facility
  ¦ Mobile Facility  ¦  Catering  ¦  Food for Immediate Consumption  ¦  Other Retail Facility, describe ________________________________

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

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

Projected Service Capacity:  Seats __________    Patrons Served _______________________

4. Temporary Food Facilities 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? _________________________________
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: ____________

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: ________________________________________________________________