

**SPRINGFIELD TOWNSHIP
50 POWELL ROAD
SPRINGFIELD, PA 19064
610-544-1300
Susan Warner**

Asst Township Manager/Health Officer

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PLAN REVIEW APPLICATION FOR FOOD FACILITIES

GENERAL INFORMATION:

Before any work can begin &/or a facility licensed, the Springfield Township Health Department requires all Food Establishments to submit a completed Plan Review Application, including menu items and specifications for the construction, remodeling/alterations or change of ownership to the Township for approval.

NOTE: the cost of the Plan review is \$200.00, checks made payable to Springfield Township. This is not the fee for the annual Board of Health food license.

Date ___/___/___ Fee Submitted \$ _____ Municipality **Springfield Township**

Name of Facility _____

Address _____ Phone # _____

Owner's Name (licensee) _____ Daytime Phone # _____

Mailing Address _____

e-mail _____

Name of plan designer (if other than owner) _____ Phone # _____

Manager Contractor Designer Supplier (Specify) _____

Mailing Address _____

Project Type: (Check all that apply): New Renovation Project Change of Ownership

Provide a brief description of proposed project. If ownership change *only* and no renovation or change in menu is proposed, please indicate: _____

TYPE OF SERVICE:

Check all that apply:

Full Table Service

Buffet Style

Take-out Only

Supermarket/Deli

Caterer/Commissary

Mobile Food Unit

PA Liquor License

Fill-in Blanks:

Total Number of Seats (Including Bar areas): _____

Total Square Footage _____

(Food preparation, storage, display and dining areas)

Hours of Operation (days & times) _____

MENU INFORMATION: Please list examples of typical food items and attach copy of actual menu, including consumer advisories, if applicable:

Employee Information: Number of Certified Food Safety Managers _____
(at least 1 is required for all hours of operation/food preparation)

Employee disease/medical condition reporting policy: _____

Construction: Anticipated Start Date ___/___/___ **Completion Date** ___/___/___

Name of Solid Waste Hauler: _____

Dumpster Location (asphalt, concrete pad, etc.) _____

Name of Recycling Contractor: _____

Other Municipal and State Agencies may require you to obtain appropriate permits and licenses.

For more information, contact:

Building Inspections..... 610-544-1300

(Building, plumbing and electrical permits, grease trap requirements)

Planning (Land Use) 610-544-1300

Zoning (Location approval) 610-544-1300

Fire Inspections 610-544-1300

PA Department of Environmental Protection.....484-250-5900

PA Department of Agriculture 1-717-787-4737

If necessary, attach application to plans/specifications and mail to appropriate Office.

**FEATURES OF THE FOOD FACILITY
COMPLETE AND SUBMIT WITH YOUR PLANS.
SUBMIT ADDITIONAL SPECIFICATIONS AS NEEDED**

MATERIALS AND CONSTRUCTION

Room/Work Area	Wall Finishes	Type of Cove Base	Floor Finishes	Ceiling Finishes
Kitchen				
Cooking				
Food Preparation				
Dishwashing				
Dry Storage				
Utility Room				
Restrooms				
Retail Sales Area				
Bar/Dining Area				
Other (Specify)				

NOTES: _____

LIGHTING

Work Area	Type and Wattage	Type of Shielding or Protection
Kitchen		
Storage Area		
Retail Sales Area		
Bar/Dining Area		
Other (Specify)		

NOTES: _____

FLOOR DRAINS (Number/Construction) _____

(Floor drains are prohibited in walk-in coolers and freezers)

NOTES: _____

WATER SUPPLY:

- **Municipal Water Authority's Name:** _____
- **On-Site Well** (Submit water test results): N/A
- **Hot Water Supply Capacity (Gallons & BTU):** _____

SEWAGE DISPOSAL: Municipal Sewer Authority: _____

