

SPRINGFIELD TOWNSHIP

50 Powell Road
Springfield, PA 19064
610-544-1300

TO WHOM IT MAY CONCERN:

When applying for a license to operate a food establishment in Springfield Township you must complete/submit the **Health Department's Plan Review**. This is of primary importance in the overall licensing procedure.

It is your responsibility to complete the attached **FOOD FACILITY APPLICATION** and return with a **\$200.00 check made out to Springfield Township**. The documents must be **reviewed and approved** before any permits/license(s) are issued.

All FOOD ESTABLISHMENT licenses expire annually; they are not pro-rated.

Section 52-4.C(1): Prior to construction of any new food establishment or starting alterations to an existing food establishment, the owner must first submit a plan review application to the Health Officer, along with a **two hundred dollar (\$200.00) review fee**. The plan review application and fee are intended to ensure compliance with all local and state health codes, prior to construction.

Approval of your **FOOD ESTABLISHMENT PLAN REVIEW**, by the Health Officer, does not indicate approval or compliance with other codes, laws, and/or regulations that may be required. All necessary permits from the **SPRINGFIELD TOWNSHIP License and Inspection Department** must be obtained before beginning any work at the establishment.

If you need further information, please contact:

Susan Warner

Asst Township Manager/Health Officer

610-544-1300

swarner@springfielddelco.org



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DEPARTMENT OF HEALTH

PLAN REVIEW APPLICATION FOR FOOD FACILITIES

GENERAL INFORMATION:

The Springfield Township Health Department requires all Food Facilities submit a properly prepared application, fee, plans, menu and specifications for the construction, remodeling/alteration or change of ownership to, and approved by, the Health Department before any work can begin or the facility licensed.

NOTE: Plan review fee of \$200.00 made payable to Springfield Township. This does not cover the cost of filing an application for a Springfield Township Board of Health food facility license. Food facilities cannot open for business unless they have been recommended for licensing by this Department.

Date ___/___/___ ID# _____ Fee Submitted \$ _____ Municipality _____

Name of Facility _____

Address _____ Phone # _____

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

Mailing Address _____

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 the proposed project. If this is an 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 _____
(one 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 Bureaus 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 Agriculture 1-717-787-5289

(Food Registration/Frozen Dessert License/Shellfish permits)

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): _____
- Hot Water Supply Capacity (Gallons & BTU): _____

SEWAGE DISPOSAL: Municipal Sewer Authority: _____

