



DELAWARE COUNTY HEALTH DEPARTMENT FOOD FACILITY PLAN REVIEW APPLICATION

Enclosed is the application for obtaining a Food Facility License from the Delaware County Health Department.

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...."

When applying for a license to operate a Food Facility in Delaware County you must first complete the following Plan Review Application and fee. This application should be completed by the property owner, architectural company, and general contractor.

All material must be submitted at least **60 days prior to the operation of a food facility**. Answer each question, providing "Not Applicable" for questions that are not relevant to the food operation. Failure to provide all required information could delay your plan review.

Once your plans and application have been reviewed and approved you will be issued a Plan Review Approval Number. Once the Plan Review Number has been issued, you may continue the process by completing an application for a Food Facility License by paying all appropriate fees.

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.

You must obtain all necessary Approvals from the Delaware County Health Department before beginning any work at the establishment.

The Department of Health, Environmental Health Specialist, will review the plans and notify you of its approval/disapproval. Please allow **4 – 6 weeks** for processing. Once you receive your approval, notify your assigned Environmental Health Specialist or this Department at least ten (10) days prior to operation to arrange a licensing inspection. Inquiries regarding your application status should be directed to 484-276-2100

All licenses are valid for one year and are not transferrable to another facility owner.

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.



DELAWARE COUNTY HEALTH DEPARTMENT

FOOD FACILITY PLAN REVIEW APPLICATION

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: DELAWARE COUNTY HEALTH DEPARTMENT

<input checked="" type="checkbox"/>	<u>Type of Plan Review Requested</u>	<u>FEE</u>
	Food Facility	\$237
	Food Facility more than 10,000 Sq. Ft.	\$380
	Turn-Key Operation	\$47



DELAWARE COUNTY HEALTH DEPARTMENT

FOOD FACILITY PLAN REVIEW APPLICATION

Section 1: Facility Service Information:

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

Monday Time: _____
 Tuesday Time: _____
 Wednesday Time: _____
 Thursday Time: _____

Friday Time: _____
 Saturday Time: _____
 Sunday Time: _____

Type of Service: Check ALL that apply:

<input type="checkbox"/> Dine-in Service <input type="radio"/> Indoor <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, Explain _____

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

Yes, attach a copy of the written policy
 Exempt, 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, Explain _____

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

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)

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. Name of municipal water supplier: _____ (ex: Aqua)
 Other / Private water supply (ex: well water)
Contact the DCHD Sewage Enforcement Officer for water testing requirements and approval to use.

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, contact the DCHD Sewage Enforcement Officer and discuss if the current sewage disposal system is appropriate for your food facility.
 External Grease traps or Interceptors. Company hired to pump: _____
 Internal Grease Traps or Interceptors. Company hired to pump or describe cleaning method:

REFUSE:

Refuse (trash) Collection Company: _____ (ex: Republic)
 Any additional refuse/waste collection companies (e.g., grease collection, compost collection, etc.)

Section 3: Food Preparation and Storage Information:**Food Preparation:**

Check categories of Time/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)

Describe how TCS food will be cooled to 41° F within 6 hours (*135°F to 70°F in 2 hours, & 70°F to 41°F in 4 hours*)

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°F.

Number of hot holding units: _____



DELAWARE COUNTY HEALTH DEPARTMENT FOOD FACILITY PLAN REVIEW APPLICATION

Section 4: Cleaning and Sanitization:

Cleaning and Sanitization of Utensils and Equipment

What type of sanitizer is used? Check all that apply

<input type="checkbox"/> Chlorine	<input type="checkbox"/> Hot Water
<input type="checkbox"/> Iodine	<input type="checkbox"/> Lactic Acid
<input type="checkbox"/> Quaternary ammonium	<input type="checkbox"/> Other _____

Storage location for sanitizer test kits: _____

What method will be used for cleaning and sanitization of utensils? Check all that apply

<input type="checkbox"/> High Temperature Mechanical Dishwasher	<input type="checkbox"/> Three Bay Sink
<input type="checkbox"/> Low Temperature Mechanical Dishwasher	<input type="checkbox"/> Other _____

Location(s) of dedicated mop sinks located at the facility: _____

Will the facility have a laundry service?

<input type="checkbox"/> Yes	Name of service provider: _____
<input type="checkbox"/> No	Describe method of cleaning / drying linens & wiping cloths: _____

Section 5: Vectors

Pest Control Service

Will the facility be using a licensed Pest Control Company?

<input type="checkbox"/> Yes	Name of company: _____
<input type="checkbox"/> No	_____

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

<input type="checkbox"/> Yes	Describe storage location: _____
<input type="checkbox"/> No	_____



DELAWARE COUNTY HEALTH DEPARTMENT

FOOD FACILITY PLAN REVIEW APPLICATION

Section 6: 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. No facility is exempt from this requirement.
- Plan must be drawn to scale and show location of equipment, plumbing, electrical services, and mechanical ventilation.
- 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.
- 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.
- 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.
- Finish Schedule
- 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.
- Ventilation schedule for each room
- 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
- 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)
- Cabinets for storing toxic chemicals

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.



DELAWARE COUNTY HEALTH DEPARTMENT
FOOD FACILITY PLAN REVIEW APPLICATION

Section 7: Documentation forms (*if not included on plans*)

Equipment Schedule

DELAWARE COUNTY HEALTH DEPARTMENT

FOOD FACILITY PLAN REVIEW APPLICATION

 Section 7 (continued): Documentation forms (*if not included on plans*)

Finish Schedule

<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				



DELAWARE COUNTY HEALTH DEPARTMENT

FOOD FACILITY PLAN REVIEW APPLICATION

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 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



DELAWARE COUNTY HEALTH DEPARTMENT

TO BE COMPLETED BY EHS ONLY

Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:



DELAWARE COUNTY HEALTH DEPARTMENT

FOOD FACILITY PLAN REVIEW APPLICATION

Checklist

1. Complete and sign the Food Facility Plan Review Application (type or print legibly)
2. Provide supporting documentation:
 - Most recent Food License
 - Copy of valid Food Manager Safety Certificate from an ANSI approved program
 - Menu(s)
 - Copy of the Vomit and Diarrhea Clean-Up Plan
 - Copy of the Employee Health Policy
 - All required information from Section 6
 - 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 are required for each building associated with the Plan Review.
 - HACCP Plan, if needed
3. Submit application packet and fee to DCHD:
 - Email pdf documents to: environmental@co.delaware.pa.us
4. Required fee- online credit card payments are accepted once application is received
 - Fee payment instructions will be provided via email

DELAWARE COUNTY HEALTH DEPARTMENT