



CITY OF NEWBURYPORT

BOARD OF HEALTH

60 Pleasant Street

Newburyport, MA 01950

Telephone: 978-465-4410 Fax: 978-465-9958

HEALTH DEPARTMENT

APPLICATION FOR PLAN REVIEW CHECKLIST

HEALTH DEPARTMENT

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DIRECTOR OF HEALTH

BOARD OF HEALTH
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NEWBURYPORT CITY HALL

60 PLEASANT STREET

NEWBURYPORT, MA 01950

TEL: 978.465.4400

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The following documentation is required with a submission of an application for plan review prior to the construction, conversion or remodeling of a new or existing food establishment. The Health Department determines that submitted plans and specifications are necessary to ensure compliance with the Commonwealth of Massachusetts State Sanitary Code 105 CMR 590.000 "Minimum Standards for Food Establishments" & The U.S. Department of Health & Human Services FDA 1999 Federal Food Code and the City of Newburyport Board of Health Rules and Regulations.

- _____ Completed Health Department application for plan review and applicable application fee (\$150.00)
- _____ Submission of properly prepared plans for review and approval 30 days prior to construction, conversion or remodeling pursuant with 105 CMR 590.011 "Plan Submission and Approval" & 1999 Federal Food Code Chapter 8-201.11
- _____ Submission of the following plan contents & specifications pursuant to 105 CMR 590.011 "Plan Submission and Approval" & 1999 Federal Food Code Chapter 8-201.12
 - Intended menu w/Massachusetts required consumer & allergen advisories
 - Anticipated volume of food to be stored, prepared, and sold or served
 - Proposed layout, mechanical schematics, construction materials, and finish schedules
 - Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications
 - Evidence that standard procedures that ensure compliance with the requirements of this code are developed or are being developed
 - Other information including fire safety, electrical, plumbing and HACCP specifications that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a food establishment.



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APPLICATION FOR PLAN REVIEW

Also refer to: "Application for Plan Review" Checklist

FEE: \$150.

Please answer ALL questions

Please Print

Name of Company / Applicant _____ Telephone# _____

Address _____

Mailing Address (If Different) _____

Name of Contact Person _____

Title _____ Phone Number _____ Email _____

LOCATION OF PROPOSED CONSTRUCTION, RENOVATION, REMODELING, CHANGE OF OWNER

Street Address _____

Description of Property (New Building, Historic etc..) _____

Describe fully the Intent of Use Your Plans are being reviewed for: (ie: all Operations):

It is the applicant's responsibility to comply with all applicable laws, rules and regulations of the City of Newburyport and all other State, Federal and county laws.

INCOMPLETE APPLICATION'S WILL DELAY FURTHER REVIEW AND PROCESSING

FOR OFFICE USE ONLY

DATE REVIEWED: _____

2ND REVIEW: _____

3RD REVIEW: _____

OTHER: _____

