

TOWN OF EXETER

EXETER HEALTH DEPARTMENT  
20 COURT STREET, EXETER NH 03833  
603.773.6132  
603.772-6128

DATE: \_\_\_\_\_

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

\_\_\_\_\_ NEW      \_\_\_\_\_ REMODEL      \_\_\_\_\_ CONVERSION

Name of Establishment \_\_\_\_\_

Category: Restaurant \_\_\_\_\_, Institution \_\_\_\_\_, Daycare \_\_\_\_\_, Retail Market \_\_\_\_\_,  
Other \_\_\_\_\_.

Location: \_\_\_\_\_

Phone (if available): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Plans/applications have been submitted to the following authorities on the following dates:

\_\_\_\_\_ Governing Board of Council

\_\_\_\_\_ Plumbing

\_\_\_\_\_ Zoning

\_\_\_\_\_ Electric

\_\_\_\_\_ Planning

\_\_\_\_\_ Police

\_\_\_\_\_ Building

\_\_\_\_\_ Fire

\_\_\_\_\_ Conservation

\_\_\_\_\_ Water Authority

Hours of Operation: Sun \_\_\_\_\_ Thurs \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tues \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_ (Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which operations are conducted: \_\_\_\_\_

Maximum Meals to be served: Breakfast \_\_\_\_\_  
(Approximate number) Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service: Sit Down Meals \_\_\_\_\_  
(Check all that apply) Take Out \_\_\_\_\_  
Caterer \_\_\_\_\_  
Mobile Vendor \_\_\_\_\_  
Other \_\_\_\_\_

Please enclose the following documents:

\_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)

\_\_\_\_\_ Plan drawn to scale of food establishment showing location of equipment,  
Plumbing, electrical services and mechanical ventilation

\_\_\_\_\_ Equipment Schedule

\_\_\_\_\_ Manufacturer Specification sheet for each piece of equipment shown on  
the plan.

\_\_\_\_\_ 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).

## FLOOR PLAN DRAWING REQUIREMENTS CHECKLIST

\_\_\_\_\_ SEND ONE COMPLETE COPY OF THE DRAWINGS.

\_\_\_\_\_ DRAW THE PLAN TO SCALE where ½" or less equals one foot.

\_\_\_\_\_ SHOW ALL AREAS OF THE ESTABLISHMENT ON ONE PAGE; use of Small-scale insets for large establishments is encouraged.

\_\_\_\_\_ DETAIL THE FOOD PREPARATION AREAS AND RESTROOMS; showing the location of all fixed and non-fixed equipment; use of separate pagers for each area is acceptable.

\_\_\_\_\_ NUMBER EACH ITEM ON THE DRAWING AND USE A LEGEND. The legend is a list that explains each piece of equipment as numbered on the floor plan drawing.

\_\_\_\_\_ WRITE THE FOLLOWING INFORMATION ON THE DRAWING:

- Establishment
- Mailing address – if different
- Name of Primary Contact Person
- Contact Phone Number

### SUBMIT ONE COPY OF THE FOLLOWING WITH THE PLANS.

\_\_\_\_\_ The menu

\_\_\_\_\_ Descriptions of all hot holding equipment (e.g. steam tables and cold holding equipment (e.g. refrigerators, walk in units, salad bars) cut sheets or model numbers.

\_\_\_\_\_ A construction material and room finish schedule.

\_\_\_\_\_ The detailed explanation of the methods by which potentially hazardous foods will be cooled to **41 degrees or lower**; chill sticks, ice bath.....

\_\_\_\_\_ An explanation of all special operations (\*\*vacuum packaging, salad bar, catering).

\_\_\_\_\_ A list of the names, mailing addresses and phone numbers of all persons accountable for the design and construction of the establishment.

\_\_\_\_\_ **ENCLOSE A CHECK OR MONEY ORDER FOR \$25.00 payable to:  
“Town of Exeter Health Department”**

**Note:** If additional rooms of your establishment are to be converted to food preparation areas in the future, a separate floor plan is required for each area.

**\*\* Special Operations may require a HACCP PLAN: Please contact the Health Department for further information.**

<b>EQUIPMENT REQUIREMENTS</b>
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\_\_\_\_\_ **PROVIDE ADEQUATE EQUIPMENT AND SPACE TO:**

- Maintain food temperatures of 140F or higher or 41F or lower
- Cool food from 140F to 70F within 2 hours and 70F to 41F within 4 hours
- Reheat food to 165F within 2 hours

\_\_\_\_\_ **SINK REQUIREMENTS:**

- NSF approved 3-bay, seamless design with bays large enough to submerge the largest piece of equipment and drain boards on both sides with length and width dimensions equivalent to one bay.
- NFS approved food preparation sink plumbed with an air gap; seamless design. Establishments using “paper service” exclusively may not be required to have this sink.
- Hand washing sink (s) convenient and accessible throughout each food preparation area, dish area and restroom. All shall be provided with a mixing valve (one water outlet).

- Utility (mop) sink located on the same floor as the main kitchen. Plumb a back siphonage device onto the hose bibb if a hose is ever attached.
- Dish Machine is an optional piece of equipment. Must be commercial and meet NSF standards.

#### \_\_\_ **SEPTIC SYSTEM APPROVAL:**

- By the NH Division of Environmental Services specific to the type of food service and the amount of indoor seating is required for all private systems.

#### \_\_\_ **PRIVATE WATER SOURCES:**

- Are required to have an initial “Standard Analysis” water test with a “Bacteriological Analysis” water test annually thereafter. Establishments with 25 or greater indoor seats are to contact the NH Water Supply Engineering Bureau (see list of State Agencies).

#### \_\_\_ **COMMERCIAL REFRIGERATION**

- Only is permitted. **WOOD INSIDE WALK-IN REFRIGERATION UNITS ARE PROHIBITED**, including the floors, walks, ceiling, shelving, door and door frame.

#### \_\_\_ **FLOORS, WALLS, CEILING, SHELVING AND CUPBOARDS:**

- In all food preparation areas and restrooms are to have a smooth and sealed exterior and be free of any unnecessary cracks and crevices. Finish the interiors of all shelving and cupboards in these areas and finish the wall below all counters and bars.

#### \_\_\_ **RESTROOMS**

- Are to have mechanical ventilation and self-closing doors.
- Provide one restroom for up to 24 indoor seats and two restrooms for 25 or more indoor seats or if alcoholic beverages are served (RSA 155:40).
- Place a covered waste receptacle in all restrooms used by female patrons.
- Access to the public toilets shall not be through food preparation or service areas.

#### \_\_\_ **Shield the Lights:**

- In all areas with open food and equipment washing sinks.

\_\_\_ **INSTALL SCREENING:**

- Install screening or air curtains on all doors and windows that are to be kept open.

\_\_\_ **PROVIDE A CLEANABLE SURFACE FOR ALL DUMPSTERS:**

- Or garbage cans that are store outside (e.g. reinforced concrete or rolled asphalt).

***THIS IS A PARTIAL LIST - CONSULT THE FOOD CODE FOR FURTHER INFORMATION***