



## **Plan Review Information**

A plan review plan must be submitted whenever a Food Establishment is sold, constructed, or remodeled; when any equipment is added or changed, the floor plan is changed, and/or whenever an existing structure is converted to use as a food establishment.

For your plan review to be completed the following must be submitted.

- 1) The Plan Review Application along with fee
- 2) A copy of the plan drawn to a minimum scale of  $\frac{1}{4}$  inch equals one foot. The plan must show the location of each piece of equipment, floor and counter, clearly labeled with its common name.
- 3) A copy of all equipment specifications sheets
- 4) A copy of the proposed menu.

PLEASE NOTE: The Plan Review process cannot be started without all of the above items. To ensure timely processing make sure to submit your application with all the required pieces.

The fee for a plan review is 100% of the licensing fee and must be submitted with the application.

### **Fee Schedule as of July 1, 2025**

Class I- \$215.00	Class III (100+ seats)-\$490.00
Class II- \$285.00	Class IV Daycares-\$200.00
Class III (0-50 seats)-\$355.00	Class IV Nursing/med-\$485.00
Class III (51-100 seats)-\$405.00	Class IV Other(Special processes, poor compliance history, etc.)-\$490.00

A description of each of the four FDA Establishment Classes is on page 3.

If you are unsure which class your establishment will be please contact our office at 860-785-8530.

## Food Establishment Plan Review Application (rev 07/25)

Date: \_\_\_\_\_

**This is a:**      New Building      Renovation      New Owner  
                         Base of Operation      Itinerant Food Vendor

**Water Supply:**      Public Water      Private Well  
**Sewage Disposal:**      Public Sewer      Septic System

**Establishment Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town, ST, Zip** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Town,ST,Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant Name:** *(If different from Owner ONLY)* \_\_\_\_\_

**Relationship to Owner** *(manager, architect, contractor, etc.)* \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Town, ST, Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Operation:**      Restaurant      Grocery      Mobile Vendor      Caterer  
                         Bakery      Childcare Facility      Healthcare Institution      Other(Specify) \_\_\_\_\_

**Proposed Number of Seats:**      Indoor      Outdoor

*Approval must be received from the Central CT Health District PRIOR to any construction or renovation.  
Applicants must consult with the Building Department, Fire Marshall and Zoning Department to obtain the  
necessary permits in addition to the Health District.*

**Central CT Health District must review and approve any changes to the menu, equipment,  
or kitchen layout prior to its installation.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

## Classification of Food Establishments per the State of CT Public Health Code

### Class I

**“Class 1 food establishment”** means a retail food establishment that does not serve a population that is highly susceptible to food borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety;

### Class II

**“Class 2 food establishment”** means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared, cooked and served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;

### Class III

**“Class 3 food establishment”** means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) has an extensive menu of foods, many of which are time or temperature controlled for safety and require complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

### Class IV

**“Class 4 food establishment”** means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.

My Proposed FDA Establishment Class is \_\_\_\_\_

The fee for a plan review is 100% of the licensing fee and must be submitted with the application.

Class I- \$215.00

Class III (100+ seats)-\$490.00

Class II- \$285.00

Class IV Daycares-\$200.00

Class III (0-50 seats)-\$355.00

Class IV Nursing/med-\$485.00

Class III (51-100 seats)-\$405.00

Class IV Other- \$490.00

(Special processes, poor compliance history, etc.)

Fee Waiver Requested (Only applies to Member towns, State or School run establishments)

Not-For-Profit Status Requested-**501C MUST be included or full fee will apply**

Submit form and fee

by mail:

Central CT Health District  
2080 Silas Deane Hwy, Suite 100  
Rocky Hill, CT 06067

\*Make check payable to CCTHD\*

OR

Pay fee online at [www.ccthd.org](http://www.ccthd.org) and  
Email application to [applications@ccthd.org](mailto:applications@ccthd.org)

### **HEALTH DISTRICT USE ONLY**

Amount Paid \_\_\_\_\_ Cash/Check/CC \_\_\_\_\_ Establishment # \_\_\_\_\_