



# TOWN OF UXBRIDGE

Board of Health  
21 South Main Street  
Uxbridge, Massachusetts 01569  
Telephone: (508) 278-8600 Ext.8  
[boh@uxbridge-ma.gov](mailto:boh@uxbridge-ma.gov)

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## Food Establishment – Plan Review Application

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

Food Plan Review  $\leq$  10,000 square feet (New Establishment) \$250.00  
Food Plan Review  $\geq$  10,000 square feet (New Establishment) \$350.00

(Checks made payable to Town of Uxbridge. Process of payment does **not** indicate approval of permit or application)

- New (Includes new construction and/or change in ownership)
- Remodel
- Conversion (Includes changes in food service operation)

Name of Food Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Type of Establishment (Check all that apply):

- Food Service
- Retail Food
- Catering
- Cottage Kitchen (Residential Kitchen)
- Other (please explain): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sewerage Disposal : \_\_\_\_\_ Private Septic System: \_\_\_\_\_ Town Sewer  
(If serviced by on-site septic system, indicate design flow in GPD)

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Water Source: \_\_\_\_\_ Private Well \_\_\_\_\_ Town Water  
(Provide copy of DEP approval of water supply)

Hours of Operation:

Sunday	_____	AM	_____	PM
Monday	_____	AM	_____	PM
Tuesday	_____	AM	_____	PM
Wednesday	_____	AM	_____	PM
Thursday	_____	AM	_____	PM
Friday	_____	AM	_____	PM
Saturday	_____	AM	_____	PM

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 \_\_\_\_\_

**COLD STORAGE:**

Number of Refrigeration Units: \_\_\_\_\_

Number of Freezer Units: \_\_\_\_\_

Ice Machine: \_\_\_\_\_ YES \_\_\_\_\_ NO

**DRY STORAGE:**

Total square feet of Dry Storage Area: \_\_\_\_\_

*Food storage units/shelving shall be smooth, non-absorbent, and durable (No wood may be used) All food storage shall be at least six (6) inches above the floor.*

**TOILET ROOMS:**

Public \_\_\_\_\_ Employee Only \_\_\_\_\_ Shared Facilities \_\_\_\_\_

**All toilet rooms shall be equipped with self-closing doors, hand-washing sinks, adequate ventilation, soap dispensers, paper towel holder or air blower, and covered waste receptacles.**

**FINISH SCHEDULE:**

Describe materials to be used in each of the following areas:

	FLOOR	COVING	WALLS	CEILING
Kitchen/Food Prep Areas				
Ware-washing Area(s)				
Food Storage Area(s)				
Other Storage				
Bathrooms				

Projected Start Date of Project \_\_\_\_\_

Projected Date of Completion \_\_\_\_\_

Anticipated Opening Date for Food Establishment: \_\_\_\_\_

Applications for Plan Review will not be accepted unless ALL of the following documents are provided with the application:

- Proposed Menu (*include with application*) (if Retail Food only, please state types of products you will carry): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Food Safety Manager's Certification(s) (*if applicable*)
- Allergen Awareness Certification(s) (*if applicable*)
- Choke Saving Certifications (*if applicable*)
- 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*))
- 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 ¼ inch = 1 foot. This is to allow for ease in reading the plans. **HAND DRAWN PLANS/SKETCHES WILL NOT BE ACCEPTED.**
- Food equipment schedule to include make and model numbers and listing of equipment that is NSF certified or classified for sanitation by an ANSI accredited certification program. **PROVIDE SPEC/CUT SHEETS FOR ALL EQUIPMENT.**
- Show the location of the elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- Clearly designate adequate hand-washing lavatories for each toilet fixture.
- Clearly designate adequate hand-wash sinks in the immediate food preparation and ware-washing areas. Hand-wash sinks shall be wall-hung with appropriate splash guards where necessary. (Size: Maximum width=20"; maximum depth=8")
- Note location of 3-compartment sink (*Must be large enough to accommodate largest pot or pan*)
- Grease Traps – note location of grease interceptors on plan. New (including change in ownership) or remodeled food establishments with a seating capacity of 75 seats or more, **MUST** install an **EXTERNAL** grease trap with a minimum capacity of 1,500 gallons. Note location of external grease trap on plan.
- Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
- On the plan show all auxiliary areas such as storage rooms, basements and/or cellars to be used for the storage of food products or other products associated with the food establishment (paper products, china, glassware, etc.).
- Entrances, exits, loading/unloading areas and docks.

- Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases must be noted on plans.
- 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, wastewater line connections, and internal and external (*if required*) grease traps.
- Lighting schedule with protectors:
  1. At least 110 lux (10-foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
  2. 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 a distance of 75 cm (30 inches) above the floor in areas used for hand-washing, ware-washing, and equipment and utensil storage, and in toilet rooms; and
  3. 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.
- Ventilation schedule for each room
- Contract for pest control services (*attach copy*)
- Mop sink (floor-mounted) or curbed cleaning facility with facilities for hanging wet mops.
- Cabinets for storing toxic chemicals
- Garbage can wash area/facility
- Dressing rooms, locker areas, employee rest area, and/or coat rack as required.
- Trash Company Name: \_\_\_\_\_  
 (Must be a licensed company with the Uxbridge Board of Health)  
 Trash receptacle / dumpster size: \_\_\_\_\_  
 Frequency of pick up: \_\_\_\_\_  
 Outside grease container: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If YES, Name of Company that will collect grease: \_\_\_\_\_
- Septic Hauling Company Name \_\_\_\_\_  
 (Must be a licensed company with the Uxbridge Board of Health)

Notes:

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Approval shall be granted or denied within 30 days after submission of plans and required documentation.

Incomplete submissions that require additional documentation will re-start the 30-day time frame for review.

No work may begin on the facility until the Uxbridge Board of Health office provides the applicant with a final approval

Any changes from the approved plan will require an updated plan noting changes/alteration made during construction and may delay the opening of the food establishment.

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the approved plans without prior approval from the Uxbridge Board of Health will be rectified at the owner's expense prior to the issuance of a permit to operate the food establishment.

- I have received the Uxbridge Board of Health regulations governing food establishments.  
<https://www.mass.gov/doc/105-cmr-590-state-sanitary-code-chapter-x-minimum-sanitation-standards-for-food-establishments/download>
  
- I have applied to the Uxbridge Board of Selectmen for the following licenses:
  - Common Victuallers License
  - Liquor License

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Print Name

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Signature

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Date

Owner(s) or Responsible Representative(s)