



Food Establishment Plan Review Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
F-6**

Fee:

- New Construction (\$275)
- Renovation (\$155)
- Conversion (\$90)
- HACCP (\$220)

Name of Establishment: _____

Address: _____

Phone (if available): _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Mailing Address: _____

Telephone: _____

Title (owner, manager, architect, etc): _____

Plans/Application have been submitted to the following:
(Please note date of submittal on application line)

- | | |
|---------------------------------------|----------------|
| _____ Town Manager/Board of Selectmen | _____ Plumbing |
| _____ Building/Zoning | _____ Electric |
| _____ Planning | _____ Police |
| _____ Conservation | _____ Fire |
| _____ Other | |

Health Department to Complete Below This Line

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| 1. Application Completed w/Payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Application and Plans Approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Approval Letter Sent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Final Pre-Operative Inspection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Issue Permit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Plans Rejected | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Food Certification Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Tobacco Permit Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Inspectors Initials _____ Date _____