



Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205

PERMITTING APPLICATION Plan Review – New Construction/Remodel

INSTRUCTIONS:

This application is for food businesses that are being constructed or undergoing renovations at a fixed location, also called a permanent food facility. This application and related information must be submitted and approved prior to the beginning construction or renovation. For more information on when plans are required to be submitted, see Article III, Section 304, "Facility Plans and Applications."

Print neatly or type and complete all sections of application. Check all boxes that apply. If any section of the checklist is not applicable, mark "N/A" in question box. Please provide as accurate information as possible to help streamline the permitting process.

Your application must include the following items:

1. A signed and completed Permitting Application for Plan Review (this form)
2. Tentative menu and/or types of food to be sold, stored, prepared
3. List of equipment including the manufacturer's names and model numbers
4. Labeled floor plan of the entire food facility premises (drawn to scale for dimensions)
5. Site plan which includes the property boundaries, exterior building dimensions and location(s)
6. Proof of applying for or having received a sales and use tax license
7. Payment of the Plan Review Application fee

Checks and money orders must be made payable to the "*Treasurer of Allegheny County.*" Send the application, supporting documents, and fee to the:

Allegheny County Health Department, Food Safety Program
2121 Noblestown Road, Suite 210
Pittsburgh, PA 15205

Please allow up to 8 weeks to review your application. **Failure to provide all required information will delay the review and approval of your application.**

For questions about this application, email the Allegheny County Health Department (ACHD) Food Safety Program at foodsafety@alleghenycounty.us or call at 412-578-8044.

OFFICIAL USE ONLY

Date Received: _____ Municipality: _____ Check #: _____

Application No.: _____ Assigned to: _____ Receipt #: _____

Business Information		
Name of Food Facility (DBA):	Food Facility Phone:	
Food Facility Location/Address:		
City:	State:	Zip Code:
Legal Name for Corporation or LLC (proposed food permit holder):		
Business Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Job Title of Contact Person:	
Contact Person Email:		Contact Person Phone:
<p>Architect/Design Consultant/Other (optional)</p> <p>Business Name: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact Person name: _____</p> <p>Contact Person phone: _____</p> <p>Contact Person Email: _____</p>	<p>General Contractor (optional)</p> <p>Business Name: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact Person name: _____</p> <p>Contact Person phone: _____</p> <p>Contact Person Email: _____</p>	

Which of the above will serve as the preferred contact person? _____

To which of the above should all correspondence be mailed? _____

Proposed construction start date: _____

Proposed opening date for business: _____

If construction of this project has begun prior to submittal of this plan, please check this box:

Sales and Use Tax License Verification	
<input type="checkbox"/> Business or sole proprietor has applied for and/or received a sales and use tax license from the Pennsylvania Department of Revenue. A copy of the sales tax license or proof of application is required with this application.	
<p>Note: For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue.</p>	
<input type="checkbox"/> I have determined that my business is exempt from the collection of sales tax. I certify the facility is compliant with the PA Department of Revenue rules and regulations. All applicable supporting documentation is attached.	

Review Fee		
<input type="checkbox"/> Class II (2)	\$85.00	Food facility will handle only commercially prepackaged food & beverages remaining in sealed packaging, which include time and temperature control for safety (TCS) food
<input type="checkbox"/> Class III (3)	\$122.00	Facility will prepare and handle food that has been removed from packaging and <ul style="list-style-type: none"> a) food/beverages that are not TCS, or b) food/beverages that are TCS, ready-to-eat food and/or cooked food which will be served on same day as preparation without cooling step
<input type="checkbox"/> Class IV (4)	\$202.00	Food facility will handle TCS food, some of which will require complex food preparation steps, such as cooling batches for later reheating and/or specialized food processes requiring a Hazard Analysis of Critical Control Points (HACCP) plan

Note: Class I food facilities which handle only commercially pre-packaged food not requiring temperature control for safety (shelf stable) must register with ACHD before operation. To register, use the Class 1 Registration Form.

Type of operation (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Day care | <input type="checkbox"/> Food processing/repackaging |
| <input type="checkbox"/> Dine-in services | <input type="checkbox"/> Grocery/Convenience Store | <input type="checkbox"/> Production and/or bottling of alcoholic beverages |
| <input type="checkbox"/> Take-out | <input type="checkbox"/> Fresh meat | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Seafood/fish | |
| <input type="checkbox"/> Bar service (spirits/wine/beer) | <input type="checkbox"/> Produce display | |
| <input type="checkbox"/> Buffet or salad bar | <input type="checkbox"/> Warehouse (food) | |
| <input type="checkbox"/> Health care facility | <input type="checkbox"/> Self-service bulk items | |

Summarize the proposed project or business here:

Food Handling Operations		
Mark "Yes" or "No" for the food operations described below.	YES	NO
Complex food preparation with TCS foods (Store-Prepare-Cook-Cool-Reheat-Hot Hold-Serve)		
Specialized food preparation process such as curing, dehydrating, fermentation, acidification, vacuum packaging, or sous vide cooking		
Reheating of food items previously cooked and cooled in your facility		
Changing or modifying a TCS food to a non-TCS food		
Use Time as a Public Health Control for TCS foods		
Food preparation with no cook step (Store-Prepare-Serve)		
Prepare food for same day service (Store-Prepare-Cook-Serve)		
Reheating of commercially processed foods		
Cooling prepared foods from ambient temperatures (examples: salsa, tuna salad)		
Washing and packaging/wrapping fruits or vegetables intended immediate consumption.		
Repackage bulk food items into consumer packaging.		
Serve or provide opened beverage containers		
Provide commercially processed and packaged TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)		
Provide milk, eggs, cheese, meats, or poultry food items		
A Banquet Hall that provides kitchen facilities and equipment to renters		
Provide seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes.		
Provide commercially processed and packaged non-TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)		
Offer unopened bottled or canned beverages		
Offer unopened snacks (examples: chips, canned soda, cookies, candies)		

For more information about food facility classification, please use the [Classification Flow Chart](#) or visit alleghenycounty.us/FoodSafety.

WATER SUPPLY

a) Source of Water Supply: Municipal Private Well[®]

[®] If **Private**, please note that the system must be inspected and approved prior to issuance of a Health Permit. Please contact ACHD Food Safety Program for additional information about private water supply approval.

b) Water heater manufacturer name: _____ Water heater model number: _____

c) Hot water temperature: _____ °F. Dimensions of 3-compartment sink basins _____ x _____ x _____

Expected peak hot water for 3-compartment sink can be calculated using the length x width x depth of 3-compartment sink basin (cubic inches). Multiply x 3 basins (if all same size) / 231 (conversion factor for cubic inches to gallons) x .75

SEWAGE DISPOSAL

a) Type of Sewage Disposal: Municipal Private System

- If **Private Septic System**, please contact the Sewage Enforcement Officer at the Allegheny County Health Department Plumbing Program prior to construction at (412) 578-8036.

- If **Municipal**, provide name of collection system (Sewer/Water Authority) _____

b) If **new construction**, please include a copy of sewage approval.

Please be advised that no health permit will be issued unless an approved water source and an approved means of sewage disposal are provided.

PLUMBING

Check box if work involving plumbing fixtures (adding, removing, replacing, relocating) will occur:

Yes **No**

(Please note that grease removal devices are required on fixture drains discharging fats, oils and grease)

All plumbing must be completed by a registered Master Plumber and given final approval by the Allegheny County Health Department Plumbing Section before a health permit can be issued. The registered Master Plumber is responsible for filing plans with the appropriate Plumbing Section. The **facility owner** will be responsible for assuring a final approval has been obtained.

Submit plumber's name: _____

HANDWASHING FACILITIES

Have hand-washing facilities been shown/indicated on the floor plan drawing in each food preparation, food dispensing and ware-washing area? **Yes** **No** *

- All sinks must be equipped with hot & cold running water supplied through a mixing valve or combination faucet.
- Hand washing sinks must be installed in a manner to prevent splash from contaminating food and food zones.

*If you have checked no, please explain here:

TOILET ROOMS

- a) Type of Food Service: Sit-down Take-Out
-
- b) Are public customer/patron toilet rooms provided for each sex?
(Please note that separate men's and women's restrooms must be accessible to patrons/customers when seating is provided. Access to toilet rooms cannot be through food preparation or storage areas) Yes No
- Please specify the number of toilet room fixtures:*
 Toilets: _____ Urinals: _____ Lavatory Hand Sinks: _____
-
- c) Are separate and dedicated employee toilet rooms provided? Yes No
-
- d) Is adequate ventilation provided for in all toilet rooms through screened windows or by exhaust fans? Window Fan
-
- e) How will toilet room doors be made self-closing (example - spring or swing arm?) _
-
- f) How will covered refuse containers be provided? Each Stall Single

UTENSILS AND EQUIPMENT

All equipment must conform to current National Sanitation Foundation (NSF) Standards. Please contact ACHD for list of other acceptable certification types

- a) Will any equipment be custom-built? (Submit design specifications with drawing). Yes No
-
- b) Equipment must be installed according to ANSI/NSF guidelines - check applicable box:
 Equipment list shows all manufacturer name & model numbers
 Spec (sheets) information provided for all equipment

UTENSIL WASHING

- a) Type of tableware, glassware and utensils used for service: Single Service Multi-use
-
- b) A three-compartment sink must be provided for cleaning and sanitizing of utensils and equipment
 check here to verify that the location of three-compartment sink(s) is/are included on plan layout.
- Will a mechanical dishwashing machine be provided also? Yes (complete section d below) No
-
- c) Ensure soiled and clean utensils are held on separate shelves or drain boards. Drain boards Shelves Number _____
-
- d) Mechanical Dishwasher: Manufacturer: _____ Model Number: _____
- Method of mechanical dishwasher sanitization: Chemical Hot Water ^②
- Water temperature: _____ Booster heater manufacturer: _____ & model number: _____
- ^② Proper ventilation should be provided.
-
- e) Where will pots and pans be washed? Specify: _____
- check here to verify that the location of the grease trap/interceptor is included on plan layout.**

STORAGE

a) Where will sufficient area and space be provided for the storage of food, equipment, utensils and single service articles? Yes No

- Designate location and type of shelving: _____

b) Will a running water dipper well be provided? (Note: this is required for hand-dipped ice cream service based upon the ACHD Plumbing Code) Yes No

FOOD PREPARATION

a) *Since uncut, whole produce must be washed prior to preparing or working, a separate, dedicated food preparation sink with indirect drain ("safe waste" – air break & air gap) is required.* 1-bowl 2-bowl 3-bowl

Please note that ready-to-eat, prepackaged produce should be considered a temporary measure, and should not be considered for routine operations.

How large will the food preparation sink be if the menu includes such items? _____

b) Will modified atmosphere packaging (i.e. vacuum packaging), or other specialized processes (such as canning, curing, or acidifying) be conducted? Yes No

Please note that if you answered Yes to this question, a Hazard Analysis Critical Control Points (HACCP) plan must be submitted for review with the facility plan. The HACCP plan must be received for review before facility plans with menus that include food prepared under specialized processes can be found "in compliance."

FOOD TRANSPORT

How will temperatures of foods that require temperature control for safety be maintained during transport from the facility to catered events (if a restaurant or caterer)?

- Specify type of facilities/equipment: _____

SNEEZE GUARDS

Will a buffet or salad bar be a part of your operation? (If yes, provide details in plan layout) Yes No

Are there food preparation areas, ware-washing areas, or "wrap stations" directly adjacent to paths that patrons may travel? Yes No

- Provide a **scaled drawing** (side elevation or cross-section view) of all areas requiring sneeze guards. Include dimensions of sneeze guard and counters, height from floor, and identify location of food.

HOT HOLDING

Will facilities be provided for hot holding of potentially hazardous foods? Yes No

- If **yes**, are these facilities NSF approved? Yes No
- Specify type: _____

DOORS / WINDOWS

Do you plan to have "open air dining" features (such as overhead sectional "garage doors" or windows that would remain in an opened positions during fair weather)?

Yes No

INSECT AND RODENT CONTROL: Please explain how all exterior openings will be properly screened or otherwise protected against the entrance of vermin?

Customer (front or side) entrance doors: _____

Employee (rear) entrance doors: _____

Delivery doors (ground level): _____

Basement doors: _____

Windows: _____

PLEASE NOTE: Exterior doors must be self-closing except when used exclusively for delivery or designated for use only during an emergency. All doors must be solid and tight-fitting to prevent the entrance of insects and vermin (rodents, cockroaches, and birds). There can be no holes or gaps along door frames, floors, walls or ceilings which are large enough to accommodate a pencil's thickness. Insects and rodents are vectors of disease- causing microorganisms which may be transmitted to humans by contamination of food and food-contact surfaces.

CERTIFIED FOOD PROTECTION MANAGERS

a) How many Certified Food Protection Managers will be employed to cover all hours of operation?

b) What are the proposed hours of operation?

- Contact ACHD Food Safety Program (412-578-8044 or foodsafety@alleghenycounty.us for information on certification.

REFUSE

a) Identify location of refuse storage area: _____

c) Specify the surface on which the container is to be stored (i.e. concrete, asphalt): _____
 (note: food facility refuse/garbage containers may not be placed on grass, soil or graveled ground surface)

c) Circle type, and indicate capacity of containers to be used:
 dumpster _____ compactor _____ cans _____

d) Specify name of waste hauler: _____

e) Will equipment and facilities be provided for cleaning of refuse containers? Yes No

If yes, please describe how and where refuse containers will be cleaned: _____

GENERAL PREMISES

a) Type of mop sink provided for filling/emptying mop buckets? Curbed Utility Sink
 Floor Sink

• Designate location _____

b) Will laundry facilities be provided on the premises? Yes No

• Designate location _____

DRESSING ROOM

Please explain how adequate closet or locker space will be provided for employees' personal belongings?

LIGHTING

a) Type of bulbs: LED fluorescent incandescent

b) How are lights shielded over food storage, preparation, display and service?

c) How are lights shielded over utensil cleaning and storage areas?

FINISH SCHEDULE						
<u>Includes kitchens, bar service and wait stations</u>		Food/Beverage Preparation or Handling Areas	Utensil Washing Areas	Storage Areas	Toilet Rooms	
					Employee	Public
F L O O R S	Material (i.e., vinyl, ceramic, concrete)					
	Coved-base molding (i.e., vinyl, ceramic)					
	Floor drains* (number and location)					
W A L L S	Material (i.e., drywall, concrete, FRP)					
	Finish (i.e., paint, plaster)					
	Color					
C E I L I N G	Material (i.e., drywall, vinyl panels/tiles)					
	Finish					
	Color					

**Information to be provided for all rooms where floors are flushed or receive discharges of fluid, or where pressure spray methods for cleaning are utilized.*

Acknowledgement of Submittal

As a representative of the new business owner, I understand and affirm that the facility must be brought into compliance with current Allegheny County Health Department Rules and Regulations and also acknowledge, upon any inspection, that if the facility is found to be out of compliance with applicable current codes and standards, the facility is subject to necessary upgrades.

I affirm that the above information is true to the best of my knowledge and belief. The undersigned hereby makes application for a permit to operate a Food Facility in the County of Allegheny.

Print Name **Title**

Signature **Date**