



TOWN OF MAYNARD

PUBLIC HEALTH DIVISION

195 Main Street • Maynard, MA 01754
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Restaurant Plan Review Application

Establishment Information

Establishment Name:

Address:

Phone:

E-Mail:

Establishment Type

- Food Service (Sit-Down)
of seats: _____
- Food Service (Takeout-Only)
- Retail
sq. footage: _____
- Residential Kitchen

Owner Information

Owner Name:

Mailing Address:

Phone:

E-Mail:

Additional Contact

Contact Name:

Title:

Phone:

E-Mail:

Required Documentation Checklist

- Plan Review Fee: \$100*
- Pre-Opening Inspection Fee: \$65*
**Payable to the Town of Maynard*
- Proposed Menu
- Floor Plan (see details)
- Equipment Schedule
with specification sheets as available
- Pest Control Contract
IPM and frequency of service
- Disposal Contract
Size of receptacle, pickup frequency, grease rendering contract
- Employee Sick Policy
- Written Procedures for Food Processes *(if requested)*
Thawing, holding, cooking, cooling
- HACCP Plan *(if required)*
- Documentation/Licenses *(if required)*
Food manager certification, allergy awareness, anti-choke

Floor Plan Requirements

- Minimum 1/4" per foot scale
Architect's stamp required for building permit
- Location of all equipment
Elevation, spacing, dimension of equipment: list on equipment schedule
- Location/quantity of sinks:

| | |
|-------------------------------------|---|
| <input type="checkbox"/> food prep | <input type="checkbox"/> handwashing |
| <input type="checkbox"/> 3-bay sink | <input type="checkbox"/> service/mop sink |
- Location of Following Areas:

| | |
|---|---|
| <input type="checkbox"/> receiving | <input type="checkbox"/> wastebin washing |
| <input type="checkbox"/> food preparation | <input type="checkbox"/> grease traps |
| <input type="checkbox"/> warewashing | <input type="checkbox"/> backflow prevention |
| <input type="checkbox"/> garbage disposal | <input type="checkbox"/> floor drains |
| <input type="checkbox"/> changing rooms | <input type="checkbox"/> hot water heater |
| <input type="checkbox"/> chemical storage | <input type="checkbox"/> wastewater fixtures |
| <input type="checkbox"/> dry storage | <input type="checkbox"/> ventilation facilities |
| <input type="checkbox"/> food storage | |
- Seating Capacity
- Storage Capacity
dry, cold, hot
- Dishwashing Type
3-bay, dish machine
- Sanitizing Agent
chlorine, QAC, high temp.
- Finish/Lighting Schedule
- Types of Food Service Operations
- Flow of Food Diagram, Risk-Based
receiving → service

By signing below, I hereby certify that the included plan is designed and submitted in compliance with 104 CMR 590.000, as amended, and any other relevant state, federal, and local regulations.

X

Signature

Printed Name

Date