



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:
 - ☐ food prep
 - ☐ handwashing
 - ☐ 3-bay sink
 - ☐ service/mop sink
- ☐ Location of Following Areas:
 - ☐ receiving
 - ☐ food preparation
 - ☐ warewashing
 - ☐ garbage disposal
 - ☐ changing rooms
 - ☐ chemical storage
 - ☐ dry storage
 - ☐ food storage
 - ☐ wastebin washing
 - ☐ grease traps
 - ☐ backflow prevention
 - ☐ floor drains
 - ☐ hot water heater
 - ☐ wastewater fixtures
 - ☐ ventilation facilities
- ☐ Seating Capacity
- ☐ Storage Capacity
dry, cold, hot
- ☐ Diswashing 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