



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
120 WASHINGTON STREET, 4TH FLOOR
TEL. (978) 741-1800
FAX (978) 745-0343
L.RAMDIN@SALEM.COM

KIMBERLEY DRISCOLL
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

REMODELING PLAN REVIEW APPLICATION FOR CURRENTLY LICENSED ESTABLISHMENTS

REMODEL CONVERSION

Application fee :\$90.00

Category: Restaurant____, Institution____, Daycare____, Retail Market____, Other_____.

Name of Establishment:_____

Address:_____

Phone, email if available:_____

Name of Owner:_____

Mailing Address:_____

Telephone:_____

Applicant's Name:_____

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

Mailing Address:_____

Telephone/e-mail:_____

I have submitted plans/applications to the following authorities on the following dates:

Plumbing_____ Building_____ Fire_____ Planning_____ Electrical_____

Conservation_____ Engineering_____ Licensing_____ Historical Commission_____

City Clerk_____ Public Services_____ Water_____ Assessors_____

Hours of Operation: Sun_____ Mon_____ Tues_____ Wed_____

Thur _____ FRI _____ Sat _____

Number of Seats: _____ Number of Staff: _____ (Maximum per shift)

Maximum Meals to be Served: (approximate number): Breakfast _____ Lunch _____ Dinner _____

Type of Service: (check all that apply): Sit Down Meals _____ Other _____ Take Out _____ Caterer _____
Mobile Vendor _____

Project Start date: _____

Completion date : _____

Please enclose the following documents:

_____ Application Fee \$90.00 (Check or Money Order made out to “ City of Salem”)

_____ Proposed Menu (including seasonal, off-site and banquet menus)

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan

_____ 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)

_____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation (color coded)

_____ Equipment schedule

FOR OFFICIAL USE ONLY

DATE RECEIVED _____

FEE AMOUNT _____

RECEIVED BY _____

DATE APPROVED: _____

APROVED BY: _____