Town of Acton
Board of Health

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

☐ New ($245) ☐ Remodel ($110) ☐ Conversion ($90)

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	☐ Yes	☐ No
2.	Application and Plans Approved	☐ Yes	☐ No
3.	Approval Letter Sent	☐ Yes	☐ No
4.	Final Pre-Operative Inspection	☐ Yes	☐ No
5.	Issue Permit	☐ Yes	☐ No
6.	Plans Rejected	☐ Yes	☐ No
7.	Food Certification Required	☐ Yes	☐ No
8.	Tobacco Permit Required	☐ Yes	☐ No

Inspectors Initials _____ Date _____