

1301 12TH STREET
SUITE 104
ALTOONA, PA 16601

PHONE (814) 949-2456
FAX (814) 949-2597

DEPARTMENT OF CODES & INSPECTIONS

APPLICATION FOR FOOD SERVICE FACILITY PLAN REVIEW

Chapter 151, Food Establishments, of the Rules and Regulations of the Department of Environmental Resources, is under the Act of May 23, 1945, P.L. 926 (Act 369), requires that properly prepared plans and specifications for construction, remodeling or alternation of an eating and drinking facility must be submitted to and approved by the Inspections Office before food can be prepared and served.

FACILITY INFORMATION

NAME OF FACILITY: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
FACILITY PHONE NUMBER: _____		FACILITY FAX NUMBER: _____	

OWNER INFORMATION

OWNER'S NAME: _____			
OWNER ADDRESS _____	CITY: _____	STATE: _____	ZIP: _____
OWNER EMAIL ADDRESS: _____			
NAME OF RESPONSIBLE AGENT IF OTHER THAN OWNER: _____			
MANAGER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> SUPPLIER <input type="checkbox"/> OTHER <input type="checkbox"/> (SPECIFY) _____			

TYPE OF SERVICE

Provide a description of the proposed food and beverage service and nature of operation. Attach a menu if available. _____						
TAKE OUT ONLY: _____						
SIT DOWN SERVICE: _____		NUMBER OF SEATS: _____				
DAYS OF OPERATION:						
<input type="checkbox"/> MON.	<input type="checkbox"/> TUES.	<input type="checkbox"/> WED.	<input type="checkbox"/> THURS.	<input type="checkbox"/> FRI.	<input type="checkbox"/> SAT.	<input type="checkbox"/> SUN.

EMPLOYEE INFORMATION

Approximate Number of Employees: _____	
Employees per Shift: _____	
Number of Employees Certified with Food Safety (ServSafe) Certification: _____	
Facility is <u>REQUIRED</u> to have one supervisory employee Certified by the Commonwealth. Contact Sharon McDonald at Penn State Cooperative Extension Office (814) 940-5989 for details.	

REFUSE/WATER SUPPLY/CODE REQUIREMENTS

TYPE OF WATER SUPPLY:	PUBLIC <input type="checkbox"/>	PRIVATE <input type="checkbox"/>
TYPE OF SEWAGE DISPOSAL:	PUBLIC <input type="checkbox"/>	PRIVATE <input type="checkbox"/>
HAVE ZONING REQUIREMENTS BEEN MET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE CODE REQUIREMENTS BEEN MET: (Building, Plumbing, Mechanical, Electrical)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME OF SOLID WASTE COLLECTOR: _____		

Signature of Applicant: _____ Date: _____

RETURN TO:

**City of Altoona
Department of Codes and Inspections
1301 12th Street Suite 104
Altoona PA 16601**

