



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES



MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT – FOOD PROTECTION  
129 PLEASANT ST, CONCORD, NH 03301

603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964

Website: [www.dhhs.nh.gov](http://www.dhhs.nh.gov) E-mail: [foodprotection@dhhs.state.nh.us](mailto:foodprotection@dhhs.state.nh.us)

APPLICATION FOR FOOD ESTABLISHMENT FLOOR PLAN REVIEW

RS-405263

Dear Food Service Owner/Operator:

The review of the plans and specifications for a food establishment is designed to help you construct a facility that meets the requirements of *He-P 2300, The New Hampshire Rules for the Sanitary Production and Distribution of Food*. Each application is reviewed individually as the specific requirements for the amount of refrigeration, storage space and number of sinks is based on the amount of food being prepared and nature of the food operation. The feedback on the plans and specifications is conducted based upon the analysis of the information provided in the application

A plan review is required for all new food establishments, existing structures that are being converted into food establishments, and remodeled food establishments. *The application is to be submitted not less than 45 days before any construction is started.* A plan review fee of \$75.00 is required; make checks payable to: *Treasurer, State of New Hampshire.* He-P 2306.02(a)7 provides for an administrative fine of \$300.00 for plans not submitted as required by He-P 2304.01(a)5

Please read the “Required Documents Checklist” and the application form completely before preparing your submittal. Take special note that *a menu and two copies of the schematic drawings are required.* An application that is incomplete, illegible or does not meet requirements may be returned. Once the application is reviewed, a response letter will be sent to the applicant. Any changes to the plan subsequent to the review shall require written approval before the change can be made.

Contact information for other pertinent state agencies has been included on page 2. Please also contact your local town officials/code enforcement officers prior to constructing or remodeling your establishment.

For additional information on the NH Food Rules or for further assistance, contact the Food Protection Section at (603) 271-4589 or E-mail: [foodprotection@dhhs.state.nh.us](mailto:foodprotection@dhhs.state.nh.us)

Sincerely,

Rhonda Thomas  
NH Food Protection Section  
[rethomas@dhhs.state.nh.us](mailto:rethomas@dhhs.state.nh.us)

## LIST OF PERTINENT STATE AGENCIES

- **SEPTIC SYSTEM APPROVAL**  
**(603) 271-3501**  
Dept. of Environmental Services (DES)  
Subsurface Septic System Bureau  
[www.des.nh.gov](http://www.des.nh.gov)
- **WATER TESTING**  
**(private system)**  
**(603) 271-3445** or **(603) 271-3446**  
**(community system)**  
**271-3139**  
NH DES  
29 Hazen Drive  
PO Box 95  
Concord, NH 03301  
[www.des.nh.gov](http://www.des.nh.gov)
- **ROOM AND MEALS TAX**  
**(603) 230-5900**  
Department of Revenue Administration  
Collections Division  
PO Box 454  
109 Pleasant Street  
Concord, NH 03301  
[www.revenue.nh.gov](http://www.revenue.nh.gov)
- **LIQUOR LICENSE**  
**(603) 271-3521**  
NH Liquor Commission Enforcement & Licensing  
57 Regional Drive, Suite 8  
PO Box 1795  
Concord, NH 03302-0503  
[www.nh.gov/liquor](http://www.nh.gov/liquor)
- **BUSINESS NAME REGISTRATION**  
**Corporate Section**  
**(603) 271-3244**  
**Business Information Line**  
**(603) 271-3246**  
Department of State  
107 North Main Street  
Room 204  
Concord, NH 03301  
[www.sos.nh.gov](http://www.sos.nh.gov)
- **LABOR REGULATIONS**  
**(603) 271-3176**  
Department of Labor  
95 Pleasant Street  
PO Box 2076  
Concord, NH 03302-2076  
[www.nh.gov/labor](http://www.nh.gov/labor)
- **PLUMBING SAFETY & LICENSING**  
**(603) 223-4289**  
Mailing Address: 33 Hazen Drive  
Office Location: 110 Smokey Bear Blvd.  
Concord, NH 03305  
[www.state.nh.us/plumbing](http://www.state.nh.us/plumbing)
- **BUREAU OF WEIGHTS AND MEASURES**  
**(603) 271-3551**  
NH Department of Agriculture  
25 Capitol Street  
PO Box 2042  
Concord, NH 03302-2042  
[www.agriculture.nh.gov](http://www.agriculture.nh.gov)
- **HANDICAPPED ACCESS**  
**(603) 271-2773**  
Commission on Disability  
57 Regional Drive  
Concord, NH 03301  
[www.nh.gov/disability](http://www.nh.gov/disability)
- **SMOKING REGULATIONS**  
**(603) 271-6891**  
Tobacco Prevention & Control Program  
29 Hazen Drive  
Concord, NH 03301  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov)
- **LOBSTER LICENSE**  
**(603) 271-3422**  
NH Fish and Game Department  
Licensing Division  
11 Hazen Drive  
Concord, NH 03301  
[www.wildlife.state.nh.us](http://www.wildlife.state.nh.us)
- **STATE-ISSUED ADVERTISING SIGNS**  
**(603) 271-2107**  
Department of Transportation  
7 Hazen Drive  
Att. Bureau of Traffic  
PO Box 483  
Concord, NH 03302-0483  
[www.nh.gov/dot](http://www.nh.gov/dot)
- **NEW HAMPSHIRE LOTTERY**  
**(603) 271-3391**  
NH Sweepstakes Commission  
14 Integra Drive  
PO Box 1208  
Concord, NH 03302-1208  
[www.nhlottery.com](http://www.nhlottery.com)
- **GENERAL INFORMATION**  
**(603) 271-2144**  
NH State Library Reference Desk  
20 Park Street  
Concord, NH 03301  
[www.nh.gov/nhsl](http://www.nh.gov/nhsl)



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FLOOR PLAN REVIEW APPLICATION

RS-405263

NOTE: Payment to be in the form of a check or money order made payable to Treasurer State of NH.

Establishment Name \_\_\_\_\_

Address \_\_\_\_\_ (City/Town/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ (City/Town/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Note: All correspondence regarding the plan review will be sent to the applicant.

Owner Name ( if different than applicant) \_\_\_\_\_

Address \_\_\_\_\_ (City/Town/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Owner Email Address: \_\_\_\_\_

Purpose: [ ]New Construction [ ]Remodel [ ]Relocation [ ]Addition [ ]Conversion

Projected Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

- Type of Service: Check all that apply
[ ] Sit Down Meals
[ ] Take Out
[ ] Single Use Utensils (paper service)
[ ] Caterer
[ ] Multi-Use Utensils (nondisposable dinnerware)
[ ] Other \_\_\_\_\_

- Establishment Type: Check all that apply
[ ] Restaurant
[ ] Institution/School
[ ] Retail Food Store
[ ] Mobile Food Unit
[ ] Food Processing Plant
[ ] Other \_\_\_\_\_

See page 4 for a list of required documents to be sent with this application and \$75 fee, made payable to Treasurer, State of New Hampshire. Application shall be sent to: Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301. I, (print name & title) \_\_\_\_\_, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

Applicant Signature \_\_\_\_\_ Application Date: \_\_\_\_\_



NH DIVISION OF PUBLIC HEALTH SERVICE  
FOOD PROTECTION SECTION

PLAN REVIEW REQUIRED DOCUMENTS CHECKLIST

**Please enclose the following with completed application:**

Proposed menu or list of food and beverages to be offered.

Plans and Specifications:

- 2 copies of plans paper drawn to scale. Number each item on the drawing and use a legend. The legend should list each piece of food equipment that is on the drawing.

The plan should include:

- Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified.
- Location of specific areas where food is prepared.
- Location of all refrigeration. **COMMERCIAL REFRIGERATION IS REQUIRED.** There must be adequate refrigeration and enough refrigeration space to maintain food temperatures and to properly cool food.
- Location of all sinks.
  - **Required Sinks:**
    - **Handwashing Sink(s).** Sinks must be an adequate number, convenient and accessible to all food preparation areas, warewashing areas and restrooms
    - **3 Compartment Sink.** Compartments shall be large enough to submerge the largest piece of equipment. Sink shall be of seamless design (rounded corners) and shall conform to NSF/ANSI standards and have drain boards on each side.
    - **Food preparation sink.** The food prep sink shall be of seamless design (rounded corners) and conform to NSF/ANSI standards.
    - **Service sink or curbed cleaning facility.** There shall be a mop sink with facilities for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.
- Location of toilet facilities/restrooms. Identify the locations of the restrooms. At least 1 toilet and not fewer than the toilets required by law, RSA155:40, shall be provided.