

TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET, SUITE 9
SAUGUS, MASSACHUSETTS 01906



Board of Health
David J. Greenbaum, RS
Director of Public Health



Public Health
Prevent. Promote. Protect.

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REMODELING PLAN REVIEW APPLICATION FOR CURRENTLY LICENSED ESTABLISHMENTS

___REMODEL ___CONVERSION

Application fee : Minor Change (less than 25%) \$50.00

Complex Change (25% or Greater) \$100.00

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/email:_____

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

Plumbing_____ Building_____ F ire_____ Planning_____ Electrical _____

Conservation_____ Engineering _____ Licensing _____ Historical Commission_____

City Clerk_____ Public Services _____ Water_____ Assessors _____

Hours of Operation: Sun_____ Mon _____ Tues _____ Wed _____

Thurs _____ 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 (Check or Money Order made out to "Town of Saugus")

_____ 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: _____

APPROVED BY: _____

