



# CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH  
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**Public Health**  
Prevent. Promote. Protect.

DOMINICK PANGALLO  
MAYOR

DAVID GREENBAUM, RS, CHO  
HEALTH AGENT

## REMODELING PLAN REVIEW APPLICATION FOR CURRENTLY LICENSED ESTABLISHMENTS

**(Application must be submitted at least 30 days before construction begins)**

\_\_\_ REMODEL    \_\_\_ CONVERSION    \_\_\_ NEW OWNER (NO FEE)

**Application fee: \$90.00**

Date \_\_\_\_\_

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 \_\_\_\_\_ Fire \_\_\_\_\_ 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 \$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

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FOR OFFICIAL USE ONLY

DATE RECEIVED: \_\_\_\_\_

FEE AMOUNT:\$ \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_