

Billerica Health Department

Town Hall 365 Boston Road Billerica, MA 01821 Telephone (978) 671-0931

Web Site www.town.billerica.ma.us

Application for Food Service Establishment Plan Review Please Answer ALL Questions PLEASE PRINT

NEWREMODEL			FEE \$ 150.00 DATE				
ADDRESS							
MAILING ADDR	ESS (IF DIFFERENT)						
NAME OF CONT	CACT PERSON						
TITLE		TELEPHO	NE NUMBER				
I OCATION OF	PROPOSED CONSTRU	CTION DENC	WATION DEMOR	EI INC	FTC		
	ESS (INCLUDE HOUSE N						
DESCRIPTION C	OF PROPERTY: (ASSESS	ORS MAP #(S)		PAR	CEL #(S)	
IS PROPERTY LOCATED IN FLOOD PLAIN AS DETER							
	OCATED IN THE GREEN						
	INTENT OF USE YOUR						
I HAVE SUBMIT	TED PLANS/APPLICAT	ONS TO THE F	FOLLOWING (PLEA	ASE NOT	TE DATE	OF SUBMITTA	L ON
	LINE) SUBMIT ALL NEC		,				
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BOARD OF SELECTMEN			PLAN	NING B	OARD		
BUILDING DEPT.			TOBACCO CONTROL				
CONSERVATION COMMISSION			ZONING BOARD OF APPEALS				
CONSERVATION COMMISSIONFIRE DEPARTMENT			OTHER				
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	s responsibility to comply						
INCO	OMPLETE APPLICATI	ONS WILL D	ELAY FURTHER	REVIE	W AND	PROCESSING	
Pursuant to Billeri	ica Health Regulations, Ch	apter 1, Section	1.9.001 this applicati	ion is sub	ject to a	thirty (30) day rev	view and
	Submittal of this applicat						
	ment Plan Submittal Gui		,				
Print Name of App	nlicant	_			REC	EIVED	7
Time rume of rip	pricunt						
Signature of Applicant Date		te					
Drint Name of Ove	yn an (if different from Anni						
Fillit Name of Ow	oner (if different from App)	icant)					
		_					
Signature of Owner	er Da	te					_
FOR OFFICE U	JSE ONLY						
		3	Brd Review				
2nd Review:			Other				
will inclien.			711151				