



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
FOOD PROTECTION

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
E-MAIL: foodprotection@dhhs.nh.gov

PLAN REVIEW APPLICATION

RS 407582

Dear Applicant:

The plan review application is designed to help you construct a facility that meets the requirements of He-P 2100, The Beverage and Bottled Water Rules. Each application is reviewed individually as the specific requirements for plumbing, construction and equipment. The plan review is conducted based upon the information provided in the application.

A plan review is required for all new facilities, existing structures that are being converted, and remodeled facilities. *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 2110.01(o) provides for an administrative fine of \$300.00 for plans not submitted as required by He-P 2107.07 (a) and (b).

Please read the application completely before preparing your submittal. Take special note that ***two copies of the 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.

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

For additional information on The New Hampshire Beverage and Bottled Water Rules or for further assistance, contact the Food Protection Section at (603) 271-4589 or e-mail: foodprotection@dhhs.nh.gov

Sincerely,

Rhonda Thomas
NH Food Protection Section
rethomas@dhhs.state.nh.us

LIST OF PERTINENT STATE AGENCIES

- **SEPTIC SYSTEM APPROVAL**
271-3501
Dept. of Environmental Services (DES)
 Subsurface Septic System Bureau
 29 Hazen Drive
 PO Box 95
 Concord, NH 03301
<https://www.des.nh.gov/>
- **WATER TESTING**
Private System
271-3445 or 271-3446
Community System
271-3139
Dept. of Environmental Services (DES)
 29 Hazen Drive
 PO Box 95
 Concord, NH 03301
<https://www.des.nh.gov/>
- **BUSINESS NAME REGISTRATION**
Corporate Section
271-3244
Business Information Line
271-3246
Secretary of State
 107 North Main Street
 Room 204
 Concord, NH 03301
<https://sos.nh.gov/>
- **LABOR REGULATIONS**
271-3170
Department of Labor
 95 Pleasant Street
 PO Box 2076
 Concord, NH 03302-2076
<https://www.nh.gov/labor/>
- **PLUMBING**
232-4289
Mechanical Safety Board
 33 Hazen Drive
 Concord, NH 03302-1386
<https://www.nh.gov/safety/divisions/firesafety/building/mechanical/gasfitters/>
- **HANDICAPPED ACCESS**
271-2773
Governor's Commission on Disabilities
 57 Regional Drive
 Concord, NH 03301
<https://www.nh.gov/disability/>
- **SMOKING REGULATIONS**
271-8949
Tobacco Prevention & Control Program
 29 Hazen Drive
 Concord, NH 03301
<https://www.dhhs.nh.gov/index.htm>
- **LOBSTER LICENSE**
271-3422
NH Department of Fish and Game
 Licensing Division
 11 Hazen Drive
 Concord, NH 03301
<https://www.wildlife.state.nh.us/index.html>
- **STATE-ISSUED ADVERTISING SIGNS**
271-2107
Department of Transportation
 7 Hazen Drive
 Att. Bureau of Traffic
 PO Box 483
 Concord, NH 03302-0483
<https://www.nh.gov/dot/>
- **GENERAL INFORMATION**
271-2144
NH State Library
 20 Park Street
 Concord, NH 03301
<https://www.nh.gov/nhsl/>

PLAN REVIEW APPLICATION

Facility Name _____

Address _____ **(City, Town)** _____ **Zip** _____

Applicant Name _____

Address _____ **(City, Town)** _____ **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)** _____

Owner Telephone _____ **Owner Email Address** _____

Purpose: ☐New Construction ☐Remodel ☐Relocation ☐Addition ☐Conversion

Projected Start Date _____ **Projected Completion Date** _____

Required Documents/Materials/Information Checklist

☐ \$75 fee, made payable to "Treasurer, State of New Hampshire"

☐ Proposed beverage to be processed.

☐ Plans and Specifications – Two (2) copies of plans drawn to scale. The plan shall include:

- ✓ Location of all bottling equipment.
- ✓ Location of specific areas where product is being is bottled.
- ✓ Location of all refrigeration.
- ✓ Location of the compartment and hand washing sinks.
- ✓ Location of toilet facilities/restrooms.
- ✓ Location of dressing rooms/locker rooms/employee break rooms.

Applicant Signature: _____

Application Date: _____