

# Application for Plan Assessment for a Premises

Under the Food Act 1984

Tax Invoice: GST inclusive

## 1. Plan details

- Have you contacted Town Planning for approval?  Yes  No
- Have you contacted Building for approval?  Yes  No
- Do you require either a Town Planning or Building Permit?  Yes  No
- Proposed commencement date for construction: \_\_\_\_\_
- Business type (e.g., cafe, take away, restaurant): \_\_\_\_\_
- Have you submitted a copy of the proposed plans with this application?  Yes  No

## 2. Plan checklist

Please tick each box that is applicable to your proposed premises and mark on submitted plans

1. Description of floor surface in each food area
2. Location and type of coving
3. Location of grease traps
4. Description of wall surfaces
5. Description of ceilings in each food storage, preparation, or handling area
6. Location and type of ventilation and exhaust system (in compliance with AS1668)
7. Description of cooking appliances and dishwashing facilities
8. Location of hands-free wash basins
9. Location of food preparation and wash up areas
10. Location of cleaner's sink and cleaning equipment
11. Location of storage area for bulk, dry goods
12. Location of refrigeration and frozen storage areas
13. Location of personal belongings storage areas
14. Location of toilets (men's, ladies' and disabled)
15. Location of floor waste drains
16. Description of benches and shelving

## 3. Applicant's details

Company or Sole Trader name:

**(A Trustee will not be accepted)**

Address:

(Residential address if Sole Trader or registered office if PTY LTD company. PO boxes not accepted.)

Postcode

Mailing address:

Postcode

Business Name:

Proposed business address:

Postcode

Phone number:

Mobile number:

Email address:

## 4. Fees and charges

Your application will not be processed until payment of the fee is received by Council. Incomplete applications will not be accepted.

## 5. Declaration

I/We, the undersigned, hereby apply for assessment of the accompanying plans.

Signature of applicant

Date

**Privacy Statement:** The personal information requested on this form is being collected by Council for the purpose of meeting its legal obligations under the Food Act 1984, the Public Health and Wellbeing Act 2008, Environmental Protection Act 1970 and associated or related legislation. The information will be kept confidential and identifying information will not be disclosed to any person for any other purpose. You may access your own information by contacting Council's Environmental Health Services on 9747 7200.

### Office Use Only

Receipt type:

Ledger number:

Fee:

406

01805.0820.0831

\$384.00

Please return completed form to:

**Mail:**

Melton City Council  
PO Box 21  
Melton VIC 3337

**Email:**

csu@melton.vic.gov.au  
(max. file size: 10MB)  
**ABN:** 22 862 073 889

**Phone:**

9747 7200

**Fax:**

9743 9970

