



Plan Review Application For Retail Food Establishments

Monmouth County Health Department

50 East Main Street
Freehold, NJ 07728

TELEPHONE (732) 431-7456 FAX (732) 409-7579



Public Health
Prevent. Promote. Protect.

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| N.J.A.C. 8:24-9.1(c) The health authority shall review these plans and respond accordingly within 30 days of the date of submission. | | FOR DEPARTMENT USE ONLY Date Received: ___/___/___ Plan Review Fee Received: <input type="checkbox"/> Y <input type="checkbox"/> N | |
| TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion | | | |
| TYPE OF OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Other: _____ | | | |
| FOOD ESTABLISHMENT INFORMATION | | | |
| Name of Establishment: _____ | | | |
| Establishment Address: _____ | | | Municipality: _____ |
| Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well | | Waste Disposal: <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic System | |
| OWNERSHIP INFORMATION | | | |
| Name of Owner: _____ | | | |
| Address: _____ | | City: _____ | State: _____ |
| Phone Number: _____ | | Email: _____ | |
| FOOD OPERATION INFORMATION | | | |
| Hours/Days of Operation Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ | Type of Service (Check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Pre-packaged Only <input type="checkbox"/> Vendor / Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils | Food Prep Procedures (Check all that apply) <input type="checkbox"/> Cooking <input type="checkbox"/> Hot Holding <input type="checkbox"/> Cooling <input type="checkbox"/> Reheating <input type="checkbox"/> Washing Produce <input type="checkbox"/> Thawing Frozen Food | Vendor/ Catering Only Commissary: Name: _____ Address: _____ Letter from Owner: <input type="checkbox"/> Y <input type="checkbox"/> N Inspection Placard: <input type="checkbox"/> Y <input type="checkbox"/> N Municipality License: <input type="checkbox"/> Y <input type="checkbox"/> N |
| THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH THIS APPLICATION | | | |
| <input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered. <i>Food protection manager certification or HACCP plans may be required.</i> | | | |
| <input type="checkbox"/> Plans must be clearly drawn and include these items below: <ul style="list-style-type: none"> • The floor plan must identify: food preparation, serving and seating areas, restrooms, storage areas, warewashing, janitorial, trash areas, and employee change rooms. Include location of any outside equipment or facilities (dumpsters, refrigeration, storage, etc.) • Provide equipment layout specifications, clearly labeled/ numbered and cross-keyed with equipment list. • Identify handwashing, warewashing, food preparation, dishwasher, mop sink, etc. • Provide plumbing layout showing floor drains, floor sinks, grease trap, and water heater specifications. • Finish schedule showing floor, coved base, wall, and ceilings finishes for each area showed on plans. | | | |
| <input type="checkbox"/> Plan Review Fee. <ul style="list-style-type: none"> • In accordance with Monmouth County Board of Health Ordinance NO. 3-2017, a plan review fee must be submitted to the Monmouth County Board of Health. The fee is determined by the retail food establishments risk type as defined in N.J.A.C. 8:24-1.5 • The submitted plan will not be reviewed prior to receipt of the fee, and no approvals can be issued without a completed review. • Beginning construction without Health Department approval can lead to costly renovations or lack of approval to open the establishment for business. | | | |
| Note: The Monmouth County Health Department does not license or issue permits. All licenses and permits are issued by the municipality in which your retail food establishment resides. | | | |
| Print Name: _____ | | | Title: _____ |
| Signature: _____ | | | Date: _____ |