



Plan Review Application For Retail Food Establishments

Monmouth County Health Department

50 East Main Street
Freehold, NJ 07728

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Public Health
Prevent. Promote. Protect.

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: _____	