

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1
1540 WEST PARK AVENUE, SUITE 1
OCEAN, NEW JERSEY 07712
TELEPHONE: (732) 493-9520
Fax: (732) 493-9521



OFFICE USE ONLY
 Rev7/25/08

RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

The New Jersey Sanitary Code, Chapter 24, Sanitation in Retail Food Establishments, N.J.A.C. 8:24-9.1 requires that plans and specifications be submitted to the health authority for review whenever a retail food establishment is constructed, renovated or significantly altered or when a structure is converted to use as a retail food establishment. Construction, renovation, alteration or conversion may not be initiated until plans and specifications have been approved by the health and construction authorities.

RETAIL FOOD ESTABLISHMENT PLAN REVIEW FEES (Monmouth County Regional Health Commission #1 Ordinance No. 1)
 The fees for review of retail food establishment plans are based upon the square footage of the structure, or, if a restaurant, upon the seating capacity.

Trade Name
Owner's Name
Establishment Location (street address)
City, State, Zip Code
Business Telephone Number ()

Corporate Information
Name
Address
City, State, Zip Code
Telephone Number ()
Project Contact Person(s):
Name
Address
City, State, Zip Code
Telephone Number ()

Type of Operation:	Type of Project:
<input type="checkbox"/> Bakery	<input type="checkbox"/> New Construction
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Renovation/Remodel
<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Conversion
<input type="checkbox"/> Ice Cream	
<input type="checkbox"/> Luncheonette/Deli	
<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Tavern/Bar	
<input type="checkbox"/> Prepackaged Food Only	
<input type="checkbox"/> Other (Please Describe) _____	

Restaurant – Seating Capacity:

<u>Seating Capacity</u>	<u>Fee</u>
<input type="checkbox"/> Up to 100	\$250.00 per plan
<input type="checkbox"/> Over 100	\$500.00 per plan

Other Than Restaurant – Square feet:

<u>Square Footage</u>	<u>Fee</u>
<input type="checkbox"/> Less than 4,001	\$225.00 per plan
<input type="checkbox"/> 4,001 – 10,000	\$450.00 per plan
<input type="checkbox"/> 10,001 and over	\$750.00 per plan

Limited Establishment Alteration - \$125.00 per plan

TOTAL AMOUNT DUE:

Water Source Public Well
Sewer System Public Sanitary Septic System

Applicant's Signature: _____

**Return this form with your plans, specifications, and check made payable to:
 MONMOUTH COUNTY REGIONAL HEALTH COMMISSION**

Anticipated start date: _____
Anticipated completion date: _____
Applicant's Name (Print): _____

Please direct all inquiries to the Health Department at 732-493-9520.