

Monmouth County Regional Health Commission #1 1540 West Park Avenue, Suite 1 Ocean, New Jersey 07712 Telephone (732) 493-9520 Facsimile (732) 493-9521 www.mcrhc.org



RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

The **New Jersey State 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, Chapter 2. Regulations, Food Establishments, Section 3.2) - 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. Specialized food handling procedure fees are dependent on the type of preparation intended.

	Type of Operation			
ESTABLISHMENT INFORMATION	Type of operation			
Trade Name	Restaurant	Supermarket	Mobile Vehicle	
Owner or Corporate Name	Tavern/Bar	Fast Food/Deli	Convenience	
	Bakery	Ice Cream	School/Daycare	
Establishment Address	Institution	Prepackaged	Other (Describe)	
City, State, Zip Code	Type of Project			
Establishment Telephone Number	New Construction	Renovation/ Remodel	Conversion	
PROJECT CONTACT	Restaurant – Seating Capacity:			
Name	Fee: Up to 100 seats - \$275.00 per plan Over 100 seats - \$550.00 per plan		\$	
Address	Other Than Restaurant - Square Feet:			
City, State, Zip Code	4,001 to 10,000 so 10,001sq ft and	Fee: Less than 4,001 sq ft - \$275.00/plan 4,001 to 10,000 sq ft - \$500.00/plan 10,001sq ft and over - \$825.00/plan		
Telephone Number	Mobile Vehicle \$150.00/plan			
E-Mail Address	Limited Establishme	Limited Establishment Alteration		
	Fee: \$150.00 per plan		\$	
PROJECT INFORMATION	Specialized Food Handling Procedures Requiring a HACCP Plan			
Anticipated start date:	Sushi & Sushi Rice I	Sushi & Sushi Rice Preparation - \$250.00 \$		
Anticipated completion date:	All Others (ROP, Son NOTE: Plan must be from a Re	All Others (ROP, Sous Vide, etc.) - \$500.00 \$ NOTE: Plan must be from a Recognized/Certified Processing		
Water Source - Public or Well:	Authority			
Sewage Disposal - Public or Septic:	TOTAL AMOUNT DUE: \$			
Applicant Name (Print):		Return this form with your plans, specifications, intended menu, and check made payable to:		
Applicant Signature:	18	MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1		
Please direct all inquiries to the	Health Department at 7	732-493-9520	200000	