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The Township of Ewing Board of Health

MUNICIPAL COMPLEX: 2 JAKE GARZIO DRIVE, EWING, NJ 08628 (609)-883-2900 X 7691 HEALTH DEPARTMENT FAX 609-883-0215

RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

CONTROL NUMBER \_\_\_\_\_ BUILDING PERMIT NUMBER \_\_\_\_\_

APPLICANT \_\_\_\_\_ PHONE # \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

LOCATION OF ESTABLISHMENT: \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

ARCHITECT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ARCHITECT'S ADDRESS \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

PERSON IN CHARGE OF CONSTRUCTION \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**PROPOSED WORK**

**ESTABLISHMENT SIZE**

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ZERO to 1,000 square feet	\$120.00
<input type="checkbox"/> REPAIR WORK	<input type="checkbox"/> From 1,001 to 5,000 square feet	\$150.00
<input type="checkbox"/> RENOVATION	<input type="checkbox"/> Over 5,001 square feet	\$250.00

I/We hereby make application for plan review for a Retail Food Establishment and agree to conduct the business in compliance with the Laws of the State of New Jersey and the Ordinances of the Township of Ewing in the County of Mercer and regulations of the Board of Health of said Township. I hereby certify all information provided is truthful, under penalty of law.

\_\_\_\_\_  
**SIGNATURE OF OWNER OR LEGAL AGENT**

\_\_\_\_\_  
**PRINT NAME OF OWNER OR LEGAL AGENT**

**For Office Use Only**

DATE RECEIVED IN CONSTRUCTION DEPT: \_\_\_\_\_

DATE GIVEN TO HEALTH DEPT: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

(NOTE: SEPARATE CHECK FOR HEALTH DEPARTMENT PERMIT)

CASH \_\_\_\_\_ CHECK # OR CREDIT CARD #: \_\_\_\_\_

DATE FEE RECEIVED \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_

PAYMENT MADE PAYABLE TO : **TOWNSHIP OF EWING**

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