



The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

AARON T. WATSON, BUSINESS ADMINISTRATOR

RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Establishment: _____
 Address of Establishment: _____ Block: _____ Lot: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____

Name of Owner: _____
 Address of Owner: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____

Name of Contact: _____ Title: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____

Proposed Work

New Construction _____ Renovation _____ Repair _____

Size of Establishment

ZERO to 1,000 square feet -----	\$120.00	<input type="checkbox"/>
From 1,001 to 5,000 square feet -----	\$150.00	<input type="checkbox"/>
Over 5,001 square feet -----	\$250.00	<input type="checkbox"/>
Live Animal Processing Facility -----	\$50.00	<input type="checkbox"/>

*Please be advised that for all businesses requiring a Retail Food Establishment Plan Review, the applicant MUST also have approval from the Code Enforcement Office and/or appropriate Zoning Official.

Application Received by Health Department

Fee Collected by Health Department

1 Set of Signed Architectural Drawings Received by Health Department

Equipment Specification Sheets Received by Health Department

The undersigned applicant agrees to operate aforementioned food handling establishment in accordance with the provision of N.J.A.C 8:24 "Sanitation in Retail Food Establishment and Food and Beverage Vending Machines", the governing Code for the State of New Jersey and any local Ordinances.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____
 Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____
 Fee Collected: _____ Cash: _____ Check: _____ Credit Card: _____
 Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)