

Plan Review Application Instructions

Department of Health Middletown Township

Richard DeBenedetto, REHS, Director
www.middletownnj.org

1 Kings Highway, Middletown, NJ 07748
(732) 615-2095

Contact the Health Department immediately if deviation from approved plans is necessary or if any questions arise to ensure changes will not be required after construction has finished.

Retail Food – Construction/Alterations

1. Submit detailed floor plans of proposed establishment. Plans must be legible and include:
 - Location of all sinks, counters, refrigeration units, stoves, ovens etc.- Label everything
 - Floor, wall & ceiling finished material descriptions
 - How lights will be shielded against breakage
 - Location of all bathrooms
 - Plumbing Details
 - Narrative about the method of sanitizing that will be employed
 - Number of seats available for patrons (if applicable)
 - Provide Full Menu
2. Fill out application and pay review of plan fees.

The Health Department has 30 DAYS to review plans and make comments. No construction to be started until Health Department approval is obtained.

3. Upon approval by the Health Department obtain all Building Department approvals prior to start of construction.
4. Call for a pre-operational inspection upon completion of all construction and final clean-up. No Potentially hazardous foods permitted to be stocked until the Health Department does a pre- operational inspection and verifies all refrigeration temperatures. To ensure your opening schedule, the Health Department needs a minimum of 48 hours' notice prior to inspection.
5. Obtain food license from Health Department. Licenses run from January—December.

POOLS / SPA

1. Submit detailed plans of proposed facility.
2. Submit CB – 20 Form.
3. Fill out application and pay review of plan fees.
4. Upon approval by the Health Department obtain all Building Department approvals prior to start of construction.
5. Call for a pre-operational inspection upon completion of all construction and final clean-up. To ensure your opening schedule, the Health Department needs a minimum of 48 hours' notice prior to inspection.

TATTOO

1. Submit detailed plans of proposed facility.
2. Complete and Submit EHS – 34 Form.
3. Submit all back-up documentation for EHS – 34.
4. Fill out application and pay review of plan fees.
5. Upon approval by the Health Department obtain all Building Department approvals prior to start of construction.
6. Call for a pre-operational inspection upon completion of all construction and final clean-up. To ensure your opening schedule, the Health Department needs a minimum of 48 hours' notice prior to inspection.

PIERCING

1. Submit detailed plans of proposed facility.
2. Complete and Submit EHS – 34 form.
3. Submit all back-up documentation for EHS – 34.
4. Fill out application and pay review of plan fees.
5. Upon approval by the Health Department obtain all Building Department approvals prior to start of construction.
6. Call for a pre-operational inspection upon completion of all construction and final clean-up. To ensure your opening schedule, the Health Department needs a minimum of 48 hours' notice prior to inspection.

Plan Review Application – Payment Information
Department of Health Middletown Township

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- | | | |
|--------------------------|---|-----------------------|
| <input type="checkbox"/> | \$175 Food Establishment - Under 4000 Square Feet | EXACT SQ. / FT. _____ |
| <input type="checkbox"/> | \$300 Food Establishment - Over 4000 Square Feet | EXACT SQ. / FT. _____ |
| <input type="checkbox"/> | \$ 50 Food Establishment - Pre-Packaged, Hazardous | |
| <input type="checkbox"/> | \$250 Pool – per each pool/wading pool and/or spa | |
| <input type="checkbox"/> | \$400 Tattoo Establishment – Initial Application | |
| <input type="checkbox"/> | \$400 Piercing Establishment – Initial Application | |
| <input type="checkbox"/> | \$700 Tattoo & Piercing Establishment – Initial Application | |
| | | TOTAL \$ _____ |
| <input type="checkbox"/> | NEW CONSTRUCTION | |
| <input type="checkbox"/> | PRE—EXISTING ESTABLISHMENT | |

PLEASE CHECK APPROPRIATE BOX:

- ☐ Name Change – Same Owner – No alterations
Plan Review Application Only (no fee or plans)
- ☐ New Owner – No alterations
Plan Review Application, Fee, plans & Site Assessment needed
- ☐ Alterations
Plan Review Application, Fee & plans are needed

Please make checks payable to Middletown Township

| | |
|--|---------|
| Establishment Name: | Phone # |
| Full Address: | |
| Owners Name: | Phone # |
| Owners Address: | |
| Address to send comments and/or approvals: | |
| Signature: | Date: |