

# Plan Review Application Instructions

## Department of Health Middletown Township

Richard DeBenedetto, REHS, Director  
[www.middletownnj.org](http://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                                  |                       |

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**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: