

## **FOOD / CONSTRUCTION ALTERATIONS**

A. Submit detailed floor plans of proposed establishment.

Plans **must** be legible and include:

- Location of all sinks, counters, refrigeration units, stoves, ovens etc. (Label ALL)
- Floor, wall and 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

B. Fill out application and pay review of plan fees.

**NOTE: The Health Department has 30 days to re- view plans and make comments. No construction to be started until Health Department approval is obtained.**

C. Upon approval by the Health Department obtain all Building Department approvals prior to start of construction.

D. 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.

E. Obtain food license from Health Department. Licenses run from January—December.

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

## **POOLS / SPA**

- Submit detailed plans of proposed facility.
- Submit CB – 20 Form
- Fill out application and pay review of plan fees.
- Upon approval by the Health Department obtain all Building Department approvals prior to start of construction.
- 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.

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

## **TATTOO**

- Submit detailed plans of proposed facility.
- Complete and Submit EHS – 34 form
- Submit all back-up documentation for EHS – 34
- Fill out application and pay review of plan fees.
- Upon approval by the Health Department obtain all Building Department approvals prior to start of construction.
- 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.

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

## **PIERCING**

- Submit detailed plans of proposed facility
- Complete and Submit EHS – 34 form
- Submit all back-up documentation for EHS – 34
- Fill out application and pay review of plan fees.
- Upon approval by the Health Department obtain all Building Department approvals prior to start of construction.
- 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.

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

# Plan Review Application

## Department of Health Middletown Township

Richard DeBenedetto,  
REHS, CMR Director

David Henry,  
MPH Health  
Officer

PHYSICAL ADDRESS  
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www.MiddletownNJ.org



Many Neighborhoods. One Middletown!

- \$125 FOOD ESTABLISHMENT (UNDER 4000 SQUARE FEET) EXACT SQ. / FT. \_\_\_\_\_
- \$225 FOOD ESTABLISHMENT (OVER 4000 SQUARE FEET) EXACT SQ. / FT. \_\_\_\_\_
- \$50 FOOD ESTABLISHMENT (PRE-PACKAGED HAZARDOUS)
- \$250 POOL (PER POOL/SPA)
- \$400 TATTOO ESTABLISHMENT (INITIAL APPLICATION)
- \$400 PIERCING ESTABLISHMENT (INITIAL APPLICATION)
- \$700 TATTOO & PIERCING ESTABLISHMENT (INITIAL APPLICATION)

TOTAL \$

- NEW CONSTRUCTION
- PRE—EXISTING ESTABLISHMENT
  - NAME CHANGE / SAME OWNER – NO ALTERATION  
(PLAN REVIEW APPLICATION AND FEE)
  - NAME CHANGE / NEW OWNER – NO ALTERATIONS  
(PLAN REVIEW APPLICATION AND SITE ASSESSMENT)
  - ALTERATIONS  
(PLAN REVIEW APPLICATION, FEE AND PLANS)

<b>ESTABLISHMENT NAME:</b>
<b>ADDRESS:</b>
<b>PHONE NUMBER:</b>
<b>NAME OF OWNER:</b>
<b>ADDRESS:</b>
<b>PHONE NUMBER :</b>
<b>ADDRESS TO SEND COMMENTS AND / OR APPROVALS:</b>

**DATE**

**SIGNATURE**