



GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
204 E. Holly Avenue, Sewell, New Jersey 08080
(856) 218-4170
(856) 218-4161 Fax

APPLICATION TO CONSTRUCT/ALTER/RENOVATE A RETAIL FOOD ESTABLISHMENT

1. Type of Construction: _____ New _____ Addition _____ Renovation (to your existing establishment)
2. Location of Project: Municipality _____ Block# _____ Lot# _____
Street Address _____ Zip _____
Proposed Trade Name _____
Existing/Former Trade Name _____
3. Name of Owner/Operator _____ Phone# _____
Present Address _____
4. Type of Establishment _____ On-Site Dining: _____ Yes _____ No
5. Intended Menu _____
6. Anticipated Volume of food to be stored, prepared and sold _____
7. Proposed layout, mechanical schematics, construction materials and finish schedule

8. Proposed equipment types, manufacturers, locations, dimensions & installation specifications

9. Water Supply: Municipal ___ Private Well ___ Sewage Disposal: Municipal ___ Private Septic System ___
10. Square Footage of Establishment: _____ sq. ft. Plan Review Fee: \$ _____ (Indicate Amount Enclosed)

(PAYABLE BY CHECK OR MONEY ORDER TO: COUNTY OF GLOUCESTER)
\$75.00-Risk Factor 1 \$100.00 -Risk Factor 2 \$150.00-Risk Factor 3

SUBMIT PLANS WITH APPLICATION AND FEE

Signature of Applicant _____ Date _____

FOR AGENCY USE ONLY

_____ Application Denied (reason for denial) _____

_____ Application Approved _____ Application Conditionally Approved

Date of Action _____ Signature _____