



GLOUCESTER COUNTY DEPARTMENT OF HEALTH
204 E. Holly Avenue, Sewell, NJ 08080
(856) 218-4170 Phone

APPLICATION TO CONSTRUCT/ALTER/RENOVATE A RETAIL FOOD ESTABLISHMENT

1. Type of Construction: New Addition Renovation (to your existing establishment) New Owner
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 _____
Email Address _____
4. Type of Establishment _____ On-Site Dining: Yes No
5. Intended Menu _____
6. Proposed layout, mechanical schematics, construction materials and finish schedule

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

8. Water Supply: Municipal Private Well Sewage Disposal: Municipal Private Septic System
9. Square Footage of Establishment: _____ sq. ft. Plan Review Fee: \$ _____ (Indicate Amount Enclosed)
10. \$175.00 – Risk Factor 1 \$250.00 – Risk Factor 2 \$250.00 – Risk Factor 3 \$300.00-Risk Factor 4
SUBMIT PLANS WITH APPLICATION AND FEE VIA ONLINE PORTAL WITH THE QR CODE ABOVE

Signature of Applicant _____ Date _____

FOR AGENCY USE ONLY

 Application Denied (reason for denial) _____

 Application Approved Application Conditionally Approved

Date of Action _____ Signature _____