



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 \_\_\_\_\_

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**FOR AGENCY USE ONLY**

\_\_\_\_ Application Denied (reason for denial) \_\_\_\_\_

\_\_\_\_ Application Approved \_\_\_\_ Application Conditionally Approved

Date of Action \_\_\_\_\_ Signature \_\_\_\_\_