



Jersey Shore Regional Health Commission

628 Shrewsbury Avenue

Tinton Falls, NJ 07701

PHONE:(732) 493-9520 • FAX (732) 493-9521 • www.JSRHC.org



RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

The New Jersey State Sanitary Code, Chapter 24, Sanitation in Retail Food Establishments, NJAC 8:24-9.1, requires that plans and specifications be submitted to the local health authority for review whenever a retail food establishment is constructed, renovated, significantly altered, or converted to become a retail food establishment. Construction, renovation, alteration, or conversion may not be initiated until plans and specifications have been approved by the health and construction authorities.

RETAIL FOOD ESTABLISHMENT PLAN REVIEW FEES (Jersey Shore Regional Health Commission, Chapter 2, Regulations, Food Establishments, Section 3.2), the fees for review of retail food establishment plans are based on the square footage of the structure or restaurant seating capacity. Specialized food-handling procedure fees are dependent on the type of preparation intended.

Establishment Information	Type of Retail Food Establishment
Trade Name: _____	<input type="checkbox"/> Restaurant <input type="checkbox"/> Supermarket <input type="checkbox"/> Mobil Vehicle
Owner / Corporate Name: _____	<input type="checkbox"/> Tavern/Bar <input type="checkbox"/> Fast Food <input type="checkbox"/> Convenience
Mailing Address: _____	<input type="checkbox"/> Bakery <input type="checkbox"/> Ice Cream <input type="checkbox"/> School/Daycare
Street	<input type="checkbox"/> Deli <input type="checkbox"/> Institution <input type="checkbox"/> Prepackaged
City, State, Zip Code	<input type="checkbox"/> Other (Describe): _____
Physical Address: _____	
Street	
City, State, Zip Code	
Phone #: _____	
Project Contact	Project Type & Associated Fees
Name: _____	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Conversion
Phone #: _____	Construction /Remodel
Email: _____	
Project Information	Restaurant – Seating Capacity: _____ Seats
Anticipated Start Date: _____ / _____ / _____	Fee: Up to 100 Seats - \$275/Plan \$ _____
Anticipated Completion Date: _____ / _____ / _____	Over 100 Seats - \$550/Plan
Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Well	Non-Restaurant – Squar feet: _____ ft²
Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Septic	Fee: Less than 4001 ft ² - \$275/Plan
	4001 to 10,000 ft ² - \$500/Plan
	10,001 ft ² & over - \$825/Plan \$ _____
	Mobile Vehicle - \$150/Plan
	Farmers Market - \$50/Plan
	Limited Establishment Alteration
	Fee: _____ \$150/Plan \$ _____
	Specialized Food Handling Procedures – HACCP Plan
	Sushi & Sushi Rice Preparation - \$250 \$ _____
	All Others (ROP, Sous Vide, etc.) - \$500 \$ _____
	NOTE: Plan Must be from a Recognized/Certified Processing Authority
	TOTAL AMOUNT DUE: \$ _____
STATEMENT	
I hereby certify that all information provided is correct. I fully understand that any deviation from the information provided without prior approval from the Jersey Shore Regional Health Commission may nullify the final approval.	
I further agree to comply with all Regulations overseeing Retail Food Establishments as may be found in Local Ordinance and State Laws	
Applicant Signature: _____ Date: _____	
Applicant Name (Printed): _____	
	Return this Form Completed, with the following items: • Floor plans • Equipment Specifications • Intended Menu
	Checks made Payable to: Jersey Shore Regional Health Commission

Please Direct all inquiries to Jersey Shore Health Commission

Phone: 732-493-9520

Email: info@JSRHC.org

Fax: 732-493-9521