



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	
Trade Name:	_____
Owner / Corporate Name:	_____
Mailing Address:	_____
	Street
	City, State, Zip Code
Physical Address:	_____
	Street
	City, State, Zip Code
Phone #:	_____

Project Contact	
Name:	_____
Phone #:	_____
Email:	_____

Project Information	
Anticipated Start Date:	____/____/____
Anticipated Completion Date:	____/____/____
Water Source:	<input type="checkbox"/> Public <input type="checkbox"/> Well
Sewage Disposal:	<input type="checkbox"/> Public <input type="checkbox"/> Septic

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):	_____

Type of Retail Food Establishment		
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Supermarket	<input type="checkbox"/> Mobil Vehicle
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Convenience
<input type="checkbox"/> Bakery	<input type="checkbox"/> Ice Cream	<input type="checkbox"/> School/Daycare
<input type="checkbox"/> Deli	<input type="checkbox"/> Institution	<input type="checkbox"/> Prepackaged
<input type="checkbox"/> Other (Describe): _____		

Project Type & Associated Fees		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovation /Remodel	<input type="checkbox"/> Conversion

Retail Food Establishment Fee(s)	
Fees may be established through the application process and are subject to change as details are revealed by the applicant	
Fee:	Risk level Type 1 - \$150/Plan
	Risk level Type 2 - \$250/Plan
	Risk level Type 3 - \$300/Plan
	Risk level Type 4 - \$350/Plan
	Farmers Market - \$50/Plan
	\$ _____

Sales Pre-Packaged Non-Potentially Hazardous foods (less than 10% of revenue generated by sales of food/drink)	
Fee:	\$50/Plan \$ _____

Limited Establishment Alteration	
Fee:	\$150/Plan \$ _____

Specialized Food Handling Procedures – HACCP Plan	
Sushi & Sushi Rice Preparation	- \$200 \$ _____
All Others (ROP, Sous Vide, etc.)	- \$350 \$ _____
NOTE: Plan must be from a Recognized/Certified Processing Authority, fee per each Plan	

TOTAL AMOUNT DUE:	\$ _____
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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