



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

(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 _____