



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 KENNEL / PET STORE / SHELTER**

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 \_\_\_\_\_
4. Type of Establishment: Kennel \_\_\_\_\_ Pet Store \_\_\_\_\_ Shelter \_\_\_\_\_
5. Water Supply: Municipal \_\_\_\_\_ Private Well \_\_\_\_\_
6. Sewage Disposal: Municipal \_\_\_\_\_ Private Septic System \_\_\_\_\_
7. Plan Review Fee: \$50.00 **PAYABLE BY CHECK OR MONEY ORDER TO:  
COUNTY OF GLOUCESTER**

**SUBMIT PLANS WITH APPLICATION AND FEE**

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 \_\_\_\_\_