Plan Review Application For Retail Food Establishments
Borough of Keyport Health Department

70 West Front
Street, Keyport, NJ
07735
TELEPHONE (732) 739-5136 FAX (732) 739-3479

N.J.A.C. 8:24-9.1(c) The health authority shall review these plans and respond accordingly within 30 days of the date of submission.	FOR DEPARTMENT USE ONLY Date Received:____/____/____ Plan Review Fee Received: ☐ Y ☐ N

TYPE OF APPLICATION: ☐ New ☐ Remodel ☐ Conversion

TYPE OF OPERATION: ☐Restaurant ☐Retail Food Store ☐Other:_____

FOOD ESTABLISHMENT INFORMATION

Name of Establishment:	
Establishment Address:	**Municipality:**
Water Supply: ☐ Municipal ☐ Well	**Waste Disposal:** ☐ Sanitary Sewer ☐ Septic System

OWNERSHIP INFORMATION

Name of Owner:			
Address:	**City:**	**State:**	**ZIP:**
Phone Number:	**Email:**		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Type of Service (Check all that apply)	Food Prep Procedures (Check all that apply)	Vendor/ Catering Only
Sunday:_____	☐ On-site consumption	☐ Cooking	Commissary:
Monday:_____	☐ Off-site consumption	☐ Hot Holding	Name:_____
Tuesday:_____	☐ Pre-packaged Only	☐ Cooling	Address:_____
Wednesday:_____	☐ Vendor / Catering	☐ Reheating	_____
Thursday:_____	☐ Single-use utensils	☐ Washing Produce	Letter from Owner: ☐ Y ☐ N
Friday:_____	☐ Multi-use utensils	☐ Thawing Frozen Food	Inspection Placard: ☐ Y ☐ N
Saturday:_____			Municipality License: ☐ Y ☐ N

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH THIS APPLICATION

☐ **Proposed menu or complete list of food and beverages to be offered.**
Food protection manager certification or HACCP plans may be required.
☐ **Plans must be clearly drawn and include these items below:**

- The floor plan must identify: food preparation, serving and seating areas, restrooms, storage areas, warewashing, janitorial, trash areas, and employee change rooms.
  Include location of any outside equipment or facilities (dumpsters, refrigeration, storage, etc.)
- Provide equipment layout specifications, clearly labeled/ numbered and cross-keyed with equipment list.
- Identify handwashing, warewashing, food preparation, dishwasher, mop sink, etc.
- Provide plumbing layout showing floor drains, floor sinks, grease trap, and water heater specifications.
- Finish schedule showing floor, coved base, wall, and ceilings finishes for each area showed on plans.

☐ **Plan Review Fee.**

- In accordance with Borough of Keyport Department of Health Ordinance BH:1-2.4, a plan review fee must be submitted to the Borough of Keyport Department of Health in the amount of $100
- The submitted plan will not be reviewed prior to receipt of the fee, and no approvals can be issued without a completed review.
- Beginning construction without Health Department approval can lead to costly renovations or lack of approval to open the establishment for business.

Print Name:	Title:
Signature:	Date: