

DIVISION OF HEALTH
Thakur "Paul" D. Persaud, M.D., M.P.H., PhD
Health Officer



Plan Review Application

New Remodel Conversion (Check One) Plan # _____

Date: _____

Type of Food Operation: Restaurant _____ Institution _____ Day Care _____ Retail _____
Pre-Packaged _____ Other _____

Business Name and Address: _____

Telephone Number _____ Owner's Name: _____

Name of LLC, Corporation, Partnership, etc. Provide responsible agent name and contact number:

Owner's mailing address _____

Owner's telephone _____ Owner's e-mail address _____

Applicants name and title _____

(manager, architect, contractor, etc.)

Applicants mailing address _____

Applicants telephone _____ Hours of operation _____

Number of indoor dining seats _____ Number of outdoor seats _____ Number of staff _____

Maximum meals to be served: Breakfast _____ Lunch _____ Diner _____

Total square feet of facility _____ Projected date of completion of project _____

Type of service: Sit down meals _____ Take out _____ Caterer _____

Enclose the following documents: Proposed Menu or complete list of food and beverages to be offered _____

Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services. _____ (Must submit 3 copies of the plans for review)

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Equipment schedule including location. _____

Manufacturer's specification sheets for each piece of equipment to be used in the establishment _____

Site plan showing location of food establishment, location of building on site including alleys, streets; and location of any outside equipment or facilities (dumpsters, etc.)

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Department may nullify final approval.

Signature _____
Owner or responsible representative

Print Name: _____

Approval of these plans and specifications by the Paterson Division of Health does not indicate compliance with any other code, law or regulation that may be required (federal, state, local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

NOTE: All staff working in a food establishment must attend a Food Handlers Class offered by the Paterson Division of Health. Establishments that show complex food preparation must attend the Managers Certification training approved by the State of New Jersey Department of Health and Senior Services.

FOR OFFICE USE ONLY

Fee collected: \$350.00 _____ (NEW) \$300.00 _____ (ALTERATION)

Received By: _____

Date: _____

Business check _____ Money order _____

Check number _____