

CITY OF PATERSON
DEPARTMENT OF HEALTH & HUMAN
SERVICES

Joel D. Ramirez, MBA. *Director*

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



André Sayegh
Mayor

ENVIRONMENTAL DEPT.
176 BROADWAY
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1277
FAX: (973) 321-1248

PLAN REVIEW APPLICATION PACKET

Business Name _____ Date _____

Address _____

Owner Name _____ Phone # _____

Use the sample floor plan and guidelines provided to guide you in drawing the your establishment plans.

Keep the Pre-Op self-inspection check list (Pre-operations prior to opening) to prepare the establishment for your pre-op or initial inspection.

Thank you
R. Sawh, Chief

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Plan Review Application

(Check One) **New** **Remodel** **Conversion** **Plan #** _____

Date: _____

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

Business Name: _____

Business 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: (NEW) \$350.00 _____ (ALTERATION) \$300.00 _____

Received By: _____ Date: _____

Business check _____ chk # _____ Money order _____ Credit Card _____



SAMPLE RESTAURANT FLOOR PLAN

Trade Name: John Doe Restaurant

Owner: John Doe

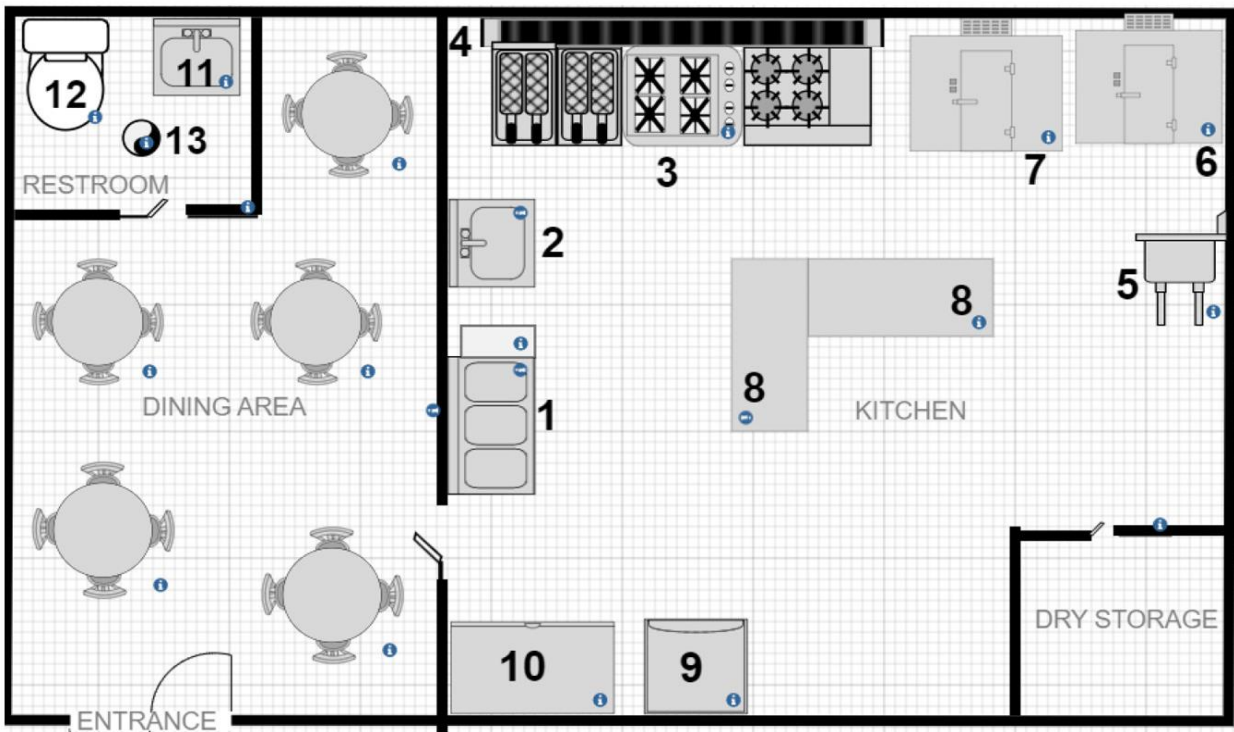
Address: 123 Sample St. Paterson, NJ 07000

EQUIPMENT LIST

1. 3 Compartment sink with grease trap
2. Hand wash sink
3. Gas stove with broiler, grill, and two fryers
4. Exhaust Hood with filters
5. Mop Sink
6. Walk-in cooler
7. Walk-in freezer
8. Work tables
9. Refrigerator
10. Deep Freezer

RESTROOM

11. Hand wash sink
12. Toilet
13. Exhaust fan



Note: Basement must be included in floor plan if using for food preparation and/or storage.

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SEE NEXT PAGE FOR SAMPLE GROCERY/DELI FLOOR PLAN



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SAMPLE GROCERY FLOOR PLAN

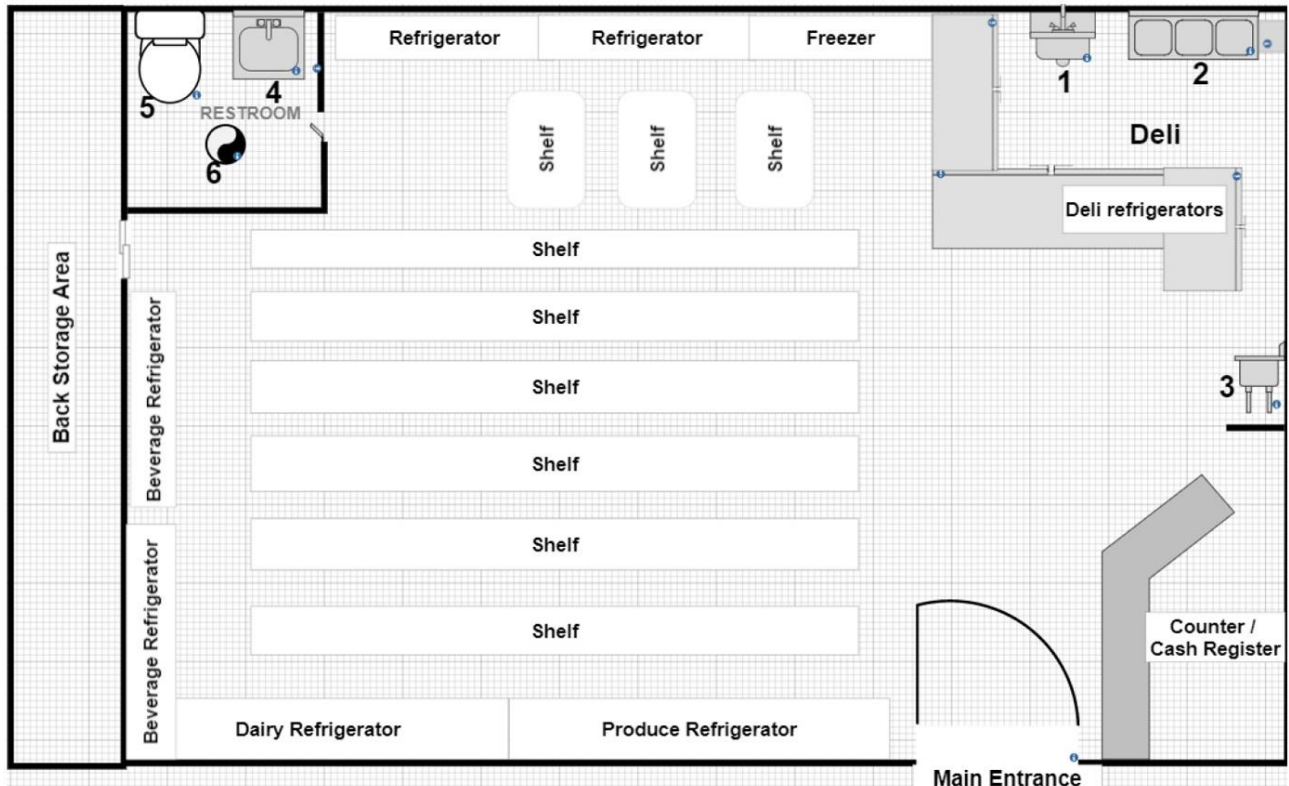
Trade Name: John Doe Grocery Store
Owner: John Doe
Address: 123 Sample St. Paterson, NJ 07000

EQUIPMENT LIST

1. Hand wash sink
2. 3 Compartment sink with grease trap
3. Mop Sink

RESTROOM

4. Hand wash sink
5. Toilet
6. Exhaust fan



Note: Basement must be included in floor plan if using for food preparation and/or storage.

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CITY OF PATERSON PRE-OP SELF INSPECTION CHECK LIST

	ITEM	Provided	Not Provided	N/A
1	Mop Sink			
2	Self closing devices for rest room doors			
3	Exhaust fan in rest room vented to outside			
4	All plumbing in good working condition			
5	All refrigeration in good working condition			
6	All warmers in good condition			
7	Thermometry in cold units			
8	Thermometry in hot units			
9	Dry storage in basement away from sewer lines			
10	Employees must wash hands signs in rest rooms			
11	Electricity is connected			
12	Cold water is running			
13	Hot water is running			
14	All surfaces smooth and easily cleanable			
15	Must give prior notification for pre-op inspection (at least 48 hours)			
16	Wall rack for mops, broom, dust pans etc			
17	All surfaces sanitized (free of construction dust etc)			
18	Paid and obtained receipt for retail food license			
19	Lighting (50 fc for food prep 10 fc walk-ins)			
20	Garbage cans with lids			
21	Vermin proofing (e.g. screen doors, windows, all holes, cracks and crevices sealed, etc.)			
22	Three compartment sink with drain plugs			
23	Drain board for 3 compartment sink			
24	Grease trap for 3 compartment sink			
25	Ventilation hood in good working condition			
26	Signed up for food handlers class			
27	Sanitizing agent (e.g. bleach)			
28	Hand washing sinks (with soap, towels, waste baskets, and signs) at food prep areas:			
29	Others:			

Note 1 - Risk type 1 establishments must comply only with the requirements in **bold** above.
Risk types 2,3, & 4 establishments must comply with all of the requirements above.

Note 2 - This is a guide only and is not meant to replace inspections by the City of Paterson health officials. inclusive. The inspector will point out any other deficiencies not on this list. Present this list after it is not is completed to the inspector on inspection day.

Note 3 - New owners must bring proof of ownership i.e. State Formation of business, Lease, Certificate of Occupancy, Application of Certificate of Occupancy etc.