



PLAN REVIEW APPLICATION

APPLICATION TYPE		Projected Start Date:	
<input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion		Projected Completion Date:	
TYPE OF FOOD OPERATION: (circle) Restaurant Institution Daycare Retail Food Store Other:			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment			
Establishment Address		City	State ZIP:
OWNERSHIP INFORMATION			
Name of Owner:			
Address:		City:	State: ZIP:
Email:		Phone Number:	
APPLICANT INFORMATION (e.g Architect/Engineer)			
Applicant Name:		Contact Person:	
Applicant Mailing Address:		City:	State: ZIP:
Email:		Phone Number:	
FOOD OPERATION INFORMATION			
Hours/Days of Operation	Restaurant Seating Capacity	Type of Service (check all that apply):	Employees
Sun:	# Indoor Seating: _____	<input type="checkbox"/> On site consumption <input type="checkbox"/> Off site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	Max per shift: _____
Mon:			
Tues:	# Outdoor Seating: _____		Maximum meals to be served:
Wed:	Square Footage of Facility: _____		Breakfast _____
Thursday			Lunch _____
Fri:		Dinner _____	
Sat:			
<p>The following documents must be submitted along with this application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered (including seasonal, catering, and banquet menus) - Standard Operating Procedures or HACCP plans may be required. <input type="checkbox"/> Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below: <ul style="list-style-type: none"> o The Floor plan must identify food preparation, serving and seating areas, restrooms, office, employee change room, storage, ware washing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable) <input type="checkbox"/> Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list <ul style="list-style-type: none"> o <i>Elevation drawings must be requested by the Regulatory Authority</i> <input type="checkbox"/> Identify handwashing, ware washing, and food preparation sinks <input type="checkbox"/> Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold-water lines and direction of flow to sanitary sewer. <input type="checkbox"/> Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable. <input type="checkbox"/> Lighting plan, indicating the exact foot candles for each area as required by the Food Code (6-303.11) <input type="checkbox"/> Finish schedule showing floor, covered base, wall and ceilings for each area shown on the plans. 			
<p>Note: A color-coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning storage); trash (service area, holding storage, disposal).</p>			
Signature:		Date:	
Print Name:		Title:	

Fee: \$200 business check or money order made out to Secaucus Health Department



Submission Instructions

Applications *only* can be emailed to Health Inspector, Natalia Shindin at nshindin@secaucus.net. However, plans as specified on the application along with the fee, must be submitted as a hard copy and addressed to:

Natalia Shindin, REHS
Secaucus Health Department
1203 Paterson Plank Road
Secaucus, NJ 07094

For questions or concerns pertaining to the application process, our office may be contacted at 201-330-2031 Monday through Friday 9am-4pm.

Review Timeframe

The Secaucus Health Department has **thirty (30) business days**, upon receipt of the plans to review, comment, and/or follow up with the applicant prior to approving said plan review application. Please ensure to review the *Plan Review Guidelines for Retail Food”: Existent, Remodeling, and New Establishments* on our website before submission of your plans.

Important Information

Approval of plans from the Secaucus Health Department **does not** give you permission to begin work on the establishment until you have received approval from all necessary Town of Secaucus Departments, including Construction, Engineering, and/or Fire Departments. IT is the sole responsibility of the applicant to ensure compliance with all Town of Secaucus Regulations.

Confirmation and Signature

“In making this application and reading the requirements above, I hereby declare that I understand and will comply with all of the requirements of the ordinances and regulations of the Town of Secaucus and State of New Jersey, and that under penalty of perjury, the statements and documents constituting any part of this application are true, correct, and complete to the best of my knowledge.”

Applicant Signature:

Date:

Name Printed:

Title: