

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

CAMDEN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF ENVIRONMENTAL HEALTH

DiPiero Center, Suite #325
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Blackwood, NJ 08012
Phone: 856-374-6052 Fax: 856-374-6211

N.J.A.C. 8:24-9.1 requires that a food establishment submit plans and specifications prior to the construction, change of use, or remodeling of a facility. Plans will be processed within **30 days** of submission. Application packets must be submitted **by mail or in-person**. Plan review cannot begin until all items listed below are submitted and the fee is received.

- Completed Plan Review Application
- Completed Permit Application
- One set of drawings (to scale) in accordance with N.J.A.C. 8:24-9.1;
- Clearly labeled layout, mechanical schematics, plumbing, construction materials, and finish schedules;
- Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
- Intended menu;
- Anticipated volume of food to be stored, prepared, and sold or served;
- Proposed training program for the persons in charge and food employees pertaining to food safety & protection.
- Check or Money Order payable to the Camden County Treasurer. Cash and online payments **are not** accepted.

Fee Schedule	
Risk Type 1: Limited handling of commercially packaged and processed foods. Including, but not limited to, liquor stores, dollar stores, and candy stores.	\$75
Risk Type 2: Cook-serve operations; hot holding after prep; very limited cooking, cooling, reheating for later service. Including, but not limited to, bakeries, ice cream shops, delis that cook/prepare to order.	\$125
Risk Type 3: extensive menu with raw ingredients, cooking, cooling, and reheating including highly susceptible populations. Including, but not limited to, restaurants, diners, hospitals, daycare, and long-term care facilities.	\$200
Existing establishment remodel.	\$75
Non-profit organization (any risk type).	\$0

Owner/Operator: _____	Name of Facility/Doing Business As: _____
Owner Mailing Address: _____	Facility Address: _____
Telephone: _____	Facility Telephone: _____
Owner Email: _____	Facility email: _____
Authorized Agent Name: _____ <small>The person who can answer questions about the plan (if different from above).</small>	
Authorized Agent Telephone: _____	
Authorized Agent Email: _____	

Projected Date for Work to begin: _____ Projected Date of Opening: _____

Signature of owner/authorized agent: _____ Date: _____