



PRINCETON HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.
Princeton Health Department

One Monument Drive
Princeton, NJ 08542
Phone: 609-497-7608
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Health Officer:
Jeffrey C. Grosser, MHS, HO

APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW

Plan review fee based on proposed seating capacity:

- 1) Under 25 Customers 0-3,000 square feet - \$150.00 _____
- 2) 26-75 Customers 3,001-5,000 square feet - \$200.00 _____
- 3) 76-150 Customers 5,001 – 10,000 square feet - \$250.00 _____
- 4) 151 + Customers >10,000 Square feet \$300.00 _____

Date Submitting plans : _____(30 day review period)

New Facility: _____ Existing Facility _____

Renovation _____ Alteration _____ Demolition _____

Name of Establishment _____

Address of Establishment _____

Telephone number of facility _____ Fax # _____

E-mail address _____ Contact Person _____

Contact person number _____

Projected date of opening: _____

Indicate proposed seating capacity _____

Will you be serving liquor? yes or no (**if yes, call the Muncipal Clerk – (609) 924-3704**)

Catering Planned for facility? _____. If yes, then \$100.00/year when obtaining license.

***Contact the Building Dept. for electrical, plumbing, fire and other relevant permits (609)921-7078**

Additional Comments:

Name of owner of proposed facility _____

Address of Owner (s) _____

Home phone #. _____ Email _____

The following information is needed from the owner:

1. Kitchen layout of all the equipment new and old. All the plumbing fixtures location i.e. hand washing sink, 3 bay sink, mop sink, food preparation sink, floor drains. Also the location of the following if any, a walk-in box, ice machine, dishwashing machine, exhaust hood, grease trap, deep fryer and other relevant equipment that will be used to operate the business.
2. All the cut sheets for the new equipment.
3. A proposed menu rough draft and later the final copy of the menu.
4. If architectural plans are available then a copy shall be attached to this application include floor and wall finishes.
5. A copy of a food safety certification is required for RISK TYPE 3 or 4.
6. We will notify the owner/project manager if we have any comments within 30 days. Once approval is given the establishment may proceed to construct or install their equipment.