



**TOWNSHIP OF FREEHOLD
FREEHOLD AREA HEALTH DEPARTMENT
APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW**

Establishment Information: (Please print clearly.)

Type of Establishment: ☐ Restaurant ☐ Establishment Other Than Restaurant

Name of Establishment: _____

Full Address: _____

Telephone Number (if available): _____ # of Seats: _____ Sq. Feet: _____

Owner Contact Information: (Please print clearly.)

Name of Owner(s): _____ Telephone Number: _____

Mailing Address: _____

Architect Information: (Please print clearly.)

Name of Architect: _____ Telephone Number: _____

Please check appropriate activity:

☐ **New Construction**

☐ **Alterations to Existing Restaurant/Establishment**

Please describe area of change. _____

For Health Dept. Use Only:

Date: _____ Amt: _____ Check: ☐ # _____ Cash: ☐ Initial: _____

Plan Approved By: _____ Date: _____



**TOWNSHIP OF FREEHOLD
FREEHOLD AREA HEALTH DEPARTMENT**

**FOOD ESTABLISHMENT PLAN REVIEW SUBMISSION REQUIREMENTS
(Fees Apply to Freehold Township Establishments only per ordinance)**

1. Please complete the attached Application for Food Establishment Plan Review and submit a check in the appropriate amount made payable to Freehold Township. The fees are as follows:
 - A. Establishments Other Than Restaurants:
 - Between 0 and 4000 sq.f. (\$225.00/plan)
 - Between 4001 and 10000 sq.f. (\$450.00/plan)
 - Over 10001 sq.f. (\$750.00/plan)
 - B. Restaurants:
 - Seating capacity up to 100 (\$250.00/plan)
 - Seating capacity over 100 (\$500.00/plan)
 - C. Minor Alterations to Existing Restaurant/Establishment (\$125.00/plan)
2. Submit full set of plans, which is to include floor, walls and ceiling finishes, electric, plumbing and equipment layout.
3. Submit equipment schedule with manufacturer specifications.