TOWNSHIP of MONTGOMERY

HEALTH DEPARTMENT

Also serving the Borough of Rocky Hill

100 Community Drive Skillman, New Jersey 08558

Phone: 908-359-8211 Fax: 908-430-7336 Email: **Health@montgomerynj.gov**

RETAIL FOOD ESTABLISHMENT PLAN REVIEW PROCEDURES

Submission of plans must be accompanied with the appropriate ($250) fee.

1. Detailed architectural plans must include & clearly label:
    - all interior areas/rooms; kitchen & prep areas, bar area, storage areas & their intended use, bathrooms, employee locker area, dining rooms, manager office, etc.
    - all exterior areas such as garbage/recycling dumpster enclosures, exterior walk-in units, & any areas intended for outdoor dining.

2. All proposed equipment shall be certified or classified as commercial grade. The proposed use of any second-hand or used equipment is subject to review & inspection by Health Department to ensure its condition & functionality. Any failing or substandard equipment will be required to be replaced immediately.

3. Once the plans are received & the review fee is paid, this department has a maximum of **30 days** to review them for completeness. Upon completion of the review process, the owner or agent of the establishment will be notified if plans are approved or if any modifications are required to meet state & local codes.

4. Approval to begin construction is granted by the Health Department (along with approvals from the Code Department).

5. Upon completion of the construction, the owner/agent will contact the Health Department at least 48-hours in advance to schedule a pre-opening inspection of the establishment. If the inspection is satisfactory, the food establishment is then required to submit a Retail Food Application with the appropriate fee. Once the retail food license is issued, the establishment will be allowed to open (provided it has all the required approvals from the Code Department).

6. Food establishments **are required** to have at least one certified food manager on the premises per work shift. Full service restaurants will require ServSafe Manager (or equivalent) training. Valid copies of training certificates for all staff must be submitted to Health Department. Your establishment **will not** be allowed to open until certificates are received. Only pre-packaged facilities are exempt from training requirement.

MONTGOMERY TOWNSHIP HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Fee: **$250.00** (Check One) ☐ New Construction ☐ Alteration ☐ Conversion

Make Checks Payable to: *Township of Montgomery*

Type: ☐ Restaurant ☐ Deli/Bagel Shop/Luncheonette (limited seating) ☐ Convenience Store (no seating)
☐ Supermarket ☐ Pre-packaged Foods only ☐ Other:_____

You are required to provide the Health Department with one (1) set of architectural floor plans that must identify:

1. Location of ALL equipment (sinks, dishwasher, ovens, hoods, cooking units, refrigeration units, freezers, etc)
   - Include cut-sheets of all your proposed equipment. (must be commercial grade) Cut-sheets can be emailed in PDF format.
2. All food prep, serving, & seating areas. Also dry goods storage areas, as well as chemical storage areas.
3. Restrooms & designated employee lockers or cubbie area for storage of coats, purses, & other personal items.
4. Location of any outside equipment or facilities (dumpster enclosure, walk-in units, outdoor dining area, etc.)
5. Plumbing details must show any floor drains & proposed grease trap.
6. Lighting details shall clearly state that light bulbs over any areas where there is exposed food or cooking equipment shall be shielded, coated, or otherwise shatter-resistant.
7. Finish schedule showing floor, coved base, wall, and ceilings finishes for each area on plans

You must also include a proposed sample menu of food and beverages to be offered.

Establishment Name: _____

Location Street Address: _____

City / State / Zip: _____

Owner of Establishment: _____

Owner's Mailing Address: _____

Owner Phone #: (_____) _____ Email:_____

Primary contact during construction (if different than owner)**: _____**

Phone #: (_____) _____ Email:_____

Projected/Anticipated date of opening: _____

---------- **Health Department Use Only** ----------

☐ $250 Plan Review Fee Paid Permit #: _____ Date Received: _____