

Jeffrey S. Martin
Mayor



Public Health
Prevent. Promote. Protect.

Kathleen Fitzgerald, Director
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TOWNSHIP OF HAMILTON
DEPARTMENT OF HEALTH, RECREATION, SENIORS, AND VETERANS SERVICES

DIVISION OF HEALTH – 2100 Greenwood Avenue, Hamilton, NJ 08609 *Office (609) 890-3828 *Fax (609) 890-6093

RETAIL FOOD ESTABLISHMENT REQUIREMENTS FOR PLAN REVIEW

The function of plan review, construction inspections, pre-operative inspections, and the permit approval process is to provide a comprehensive overview of the proposed operations with an emphasis on contents of plans, equipment specifications, architectural design, and operational procedures. The end goal of the plan review process is to prevent foodborne illness resulting from poor sanitary facility design and /or floor plans and, where applicable, when the process is based on menu, food preparation, and food product flow.

No establishment is to be constructed, altered or an addition is to be made until detailed plans and specifications for such construction, alteration or addition have been submitted to and have obtained written approval by the regulatory authorities.

The following documents must be submitted along with the application and appropriate fee:

- Two sets of signed & sealed plans from architect or engineer. We do not accept digital plans.
- Proposed menu or complete list of food and beverages to be offered.
- Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:
 - 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).
 - Provide equipment layout and specification sheets, clearly numbered and cross-keyed with the equipment list.
 - Identify handwashing, ware-washing and food preparation sinks.
 - Provide plumbing layout and riser showing the sewer lines, cleanouts, air gaps/breaks, floor drains, floor sinks, vents, grease trap or interceptor, hot and cold water lines, and direction of flow to sanitary sewer.
 - Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
 - Lighting plan, indicating the exact foot-candles for each area as required by NJAC 8:24-6.3.
 - Finish schedule showing floor, cove base, wall and ceilings for each area shown on plans.
 - If you are submitting plans for a renovation/remodel and plan on keeping the kitchen & prep areas open to the public for food service, submit scope of work on how you will protect these areas from dirt and debris from construction.

Please see the following fee schedule for retail food plan review:

- Full service restaurant / Hospital / Supermarket / Grocery store.....\$500.00
- Take out restaurant (Fast food / Limited seating).....\$250.00
- Pre-packaged establishment.....\$150.00
- Renovation / Remodel.....\$150.00

Plans will be reviewed in the order in which they are received. The Division of Health shall review these plans and respond accordingly within 30 days of the date of submission. No retail food establishment shall be constructed, renovated, or converted except in accordance with plans and specifications previously submitted to and approved by the appropriate health and construction authorities.

Please go to the following website to access NJAC 8:24, “Sanitation in Retail Food Establishments and Food and Beverage Vending Machines” for more guidance. www.hamiltonnj.com/environmentalhealth

TOWNSHIP OF HAMILTON PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel/Renovation <input type="checkbox"/> Change of use	FEE SCHEDULE: <input type="checkbox"/> Full service/Supermarket - \$500 <input type="checkbox"/> Take-out - \$250 <input type="checkbox"/> Prepackaged - \$150 <input type="checkbox"/> Reno/Remodel - \$150
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TYPE OF FOOD OPERATION: Full Service Restaurant Supermarket/Grocery store Take-out/Fast food
 Hospital School Daycare Independent/Rehab/Assisted living facility Pharmacy Convenience store
 Bakery Bar/Liquor store Ice Cream Specialty store Other: _____

FOOD ESTABLISHMENT INFORMATION

Name of Establishment: _____

Establishment Address: _____	City: _____	State: _____	Zip: _____
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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: _____
Email: _____	State: _____
Phone Number: _____	Zip: _____

FOOD OPERATION INFORMATION

Hours/Days of Operation	Restaurant Seating Capacity	Type of Service (check all that apply)	Employees
<input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	# of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____	<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: _____ Maximum meals to be served <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____

Signature: _____	Date: _____
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Print Name: _____	Title: _____
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FOR OFFICE USE ONLY

Date received: _____ Date fee paid: _____ Amount: \$ _____ Check #: _____ Cash CC

Date Approved: _____ Approved by: _____ Title: _____ New Reno/Remodel

Date sent to Construction Department: _____ Risk Level: _____