



**FREEHOLD TOWNSHIP BOARD OF HEALTH
APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW**

Freehold Township (see attached fee schedule) _____
Freehold Borough (no fee) _____ Wall Township (no fee) _____

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: _____



FREEHOLD TOWNSHIP BOARD OF HEALTH

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.