



Somerset County Department of Health
 27 Warren Street, Somerville, NJ 08876
 P.O. Box 3000
 Phone (908) 231-7155 | Fax (908) 704-8042



PLAN REVIEW APPLICATION

_____ **NEW** _____ **REMODEL** _____ **CONVERSION**

Date: _____

Type or Establishment: _____

Name of Establishment: _____

Address: _____

Phone Number: _____

Contact Information	
Name of Owner: _____ Mailing Address: _____ _____ Phone Number: _____ Email: _____	Contact Person: _____ <input type="checkbox"/> Architect <input type="checkbox"/> Owner <input type="checkbox"/> Manager Phone Number: _____ Email: _____

I have submitted plans / applications to the following Departments: *(if applicable)*

- | | |
|-----------------------|-------------------------|
| _____ Zoning | _____ Electrical |
| _____ Planning | _____ Fire |
| _____ Building | _____ Police |
| _____ Plumbing | _____ Other |

Note: Only complete submittals will be accepted. A submittal is deemed complete if it has the interior design layout, copy of plumbing plan, 1 copy of menu and estimated meals that will be served, 1 copy of all equipment specifications, and the required review fee.

SIGNED _____

For Official Use Only

Fee Submitted _____