



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

Submit the fee along with the application and plans to North Plainfield Borough. Please make all checks payable to North Plainfield Borough ATTN: Health Offices and mail to: 263 Somerset St, North Plainfield, NJ 07060.

_____ **NEW**

_____ **REMODEL**

_____ **CONVERSION**

Date: _____

Type or Establishment: _____

Name of Establishment: _____

Address: _____

Phone Number: _____

Application Fees

- Construction of food establishment: \$500
- Conversion of existing structure to food establishment: \$400
- Remodeling or change of type of food establishment :\$250

Contact Information

Name of Owner: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Contact Person: _____

Architect

Owner

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 _____