



# TOWNSHIP OF LAWRENCE

HEALTH DEPARTMENT  
2207 LAWRENCE ROAD  
LAWRENCE TOWNSHIP, NEW JERSEY 08648  
(609) 844-7089



**Public Health**  
Prevent. Promote. Protect.  
Lawrence Township Health Department

## RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

BUILDING PERMT NUMBER: \_\_\_\_\_

APPLICANT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

APPLICANT'S EMAIL \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_

LOCATION OF ESTABLISHMENT \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

CONTRACTOR'S EMAIL \_\_\_\_\_

ARCHITECT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ARCHITECT'S ADDRESS \_\_\_\_\_

ARCHITECT'S EMAIL \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF CONSTRUCTION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**PROPOSED WORK**

\_\_\_\_ NEW CONSTRUCTION

\_\_\_\_ REPAIR WORK

\_\_\_\_ RENOVATION

**ESTABLISHMENT SIZE**

\_\_\_\_ LESS THAN 1,000 SQ. FT. \$ 150.00

\_\_\_\_ 1,000 - 5,000 SQ. FT. \$ 200.00

\_\_\_\_ MORE THAN 5,000 SQ.FT. \$ 250.00

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE PLAN RECEIVED \_\_\_\_\_

DATE PLAN REVIEWED \_\_\_\_\_

DATE APPROVAL SENT TO BUILDING DEPARTMENT \_\_\_\_\_

PLAN REVIEWED BY \_\_\_\_\_

DATE FEE RECEIVED \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK # \_\_\_\_\_