

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

RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

BUILDING PERMIT NUMBER _____

APPLICANT _____ **PHONE NUMBER** _____

APPLICANT'S ADDRESS _____

NAME OF ESTABLISHMENT _____

LOCATION OF ESTABLISHMENT _____ **BLOCK** _____ **LOT** _____

CONTRACTOR _____ **PHONE NUMBER** _____

CONTRACTOR'S ADDRESS _____ **FAX NUMBER** _____

ARCHITECT _____ **PHONE NUMBER** _____

ARCHITECT'S ADDRESS _____ **FAX NUMBER** _____

RESPONSIBLE PERSON IN CHARGE OF CONSTRUCTION _____

PHONE NUMBER _____

<u>PROPOSED WORK</u>	<u>ESTABLISHMENT SIZE</u>	
_____ NEW CONSTRUCTION	_____ LESS THAN 1,000 SQ. FT.	\$150.00
_____ REPAIR WORK	_____ 1,000-5,000 SQ. FT.	\$200.00
_____ RENOVATION	_____ MORE THAN 5,000 SQ. FT.	\$250.00

SIGNATURE OF APPLICANT _____ **DATE** _____

FOR OFFICE USE ONLY

DATE PLAN RECEIVED _____

DATE PLAN REVIEWED _____

DATE APPROVAL TO BUILDING DEPARTMENT _____

PLAN REVIEWED BY _____

DATE FEE RECEIVED _____ **AMOUNT** _____