Board of Health
Borough of Palisades Park

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Chong Paul Kim
Mayor

Branka Lulic, MPA, H.O.
Health Officer/Administrator

PLAN REVIEW APPLICATION
Retail Food Establishments

- Plan Review Fee: $225.00 (make checks payable to: *Palisades Park Health Department)*.
- Complete the below and submit along with one set of architectural plans/blue prints and the fee.
- Plans will be reviewed within 30 days from the date of submission for approval or denial.
- Compliance with all Boro Departments/Ordinances/Approvals shall be met.

Applicant/Business Owner Information

Business Owner Name: _____

Business Owner Home Address: _____

Business Owner Phone No: _____   Email: _____

*If applicable, Contact Person/Phone Number (Manager, etc.):

Name: _____   Phone No._____

Business Information

Business Legal Name (Corp/LLC): _____

Business Trade Name (DBA): _____

Business Address: _____

Business Phone No:_____   Email: _____

*If applicable, Contact Person (Manager, etc.):

Name:_____   Phone No._____

Type of Plan Review (check one)

____ 1. New Business/New Construction

____ 2. Remodel/Renovations/Alterations (existing business)

____ 3. Change of Ownership Only (existing business)

____ 4. Change of Ownership and Remodel/Renovations/Alterations (existing business)

____ 5. Change of Business Name Only (same owner/no alterations – blue print not needed)

Project Scope

Brief description of proposal: _____

_____

_____

_____

Seating (check one)

____ 1. No seating/Take-out only

____ 2. Seating available Number of seats: _____

Menu (submit menu)

____ 1. Cooking on site ____ 2. Ready to Eat Foods

____ 3. Pre-packaged foods only

Please Read and Sign

I have examined and read the above application, and by signing this application, I am certifying that the above stated information and any documents submitted in support of this application are true, complete, and accurate and that all applicable laws and regulations for the State of New Jersey and Borough of Palisades Park will be complied with.

X_____

Applicant Signature   **Date of Signature**

OFFICE USE ONLY

Date Submitted:_____   Fee Paid: $225 (Check No: _____ or Cash: ____)

Reviewer: _____   Date Reviewed: _____

Action Taken: Approve____   Disapprove____   Pending____

Notes:_____

_____

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