

DEPARTMENT OF HEALTH
BOROUGH OF RIDGEFIELD
BERGEN COUNTY NEW JERSEY
blulic@ridgefieldboro.com

HUGO JIMENEZ, MAYOR

BRANKA LULIC, MPA
HEALTH OFFICER
ADMINISTRATOR



HEALTH CENTER
725 SLOCUM AVENUE
RIDGEFIELD, NJ 07657
TEL: 201-943-6062
FAX: 201-943-5978

PLAN REVIEW APPLICATION
Retail Food Establishments

- Plan Review Fee: \$200.00 (make checks payable to: *Ridgefield 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 Ridgefield will be complied with.

X _____
Applicant Signature **Date of Signature**

OFFICE USE ONLY

Date Submitted: _____ Fee Paid: \$200 (Check No: _____ or Cash: _____)

Reviewer: _____ Date Reviewed: _____

Action Taken: Approve _____ Disapprove _____ Pending _____

Notes: _____

