



Township of Warren

Somerset County

46 Mountain Boulevard • Warren, New Jersey 07059
(908) 753-8000 • Fax (908) 757-9173 • www.warrennj.org

Plan Review Application for Food Establishments

Date of Application ____/____/____

Dates of Review ____/____/____

Date of Approval ____/____/____

Revision #1 ____/____/____

Revision#2 ____/____/____

Name of Establishment _____

Address of Establishment _____

Block _____ Lot _____

Work Being Done _____ New _____ Remodel _____ Conversion _____

Type of Food Operation _____ Restaurant _____ Institution _____

_____ Retail Food Store _____ Day Care _____

_____ Other-Specify _____

Name of Owner _____

Address of Owner _____

Telephone Number (____) _____ Cell Phone (____) _____

Email Address _____

Applicant's Name _____

Applicant's Address _____

Applicant's Telephone Number (____) _____ Cell Phone(____) _____

Email Address _____

Hours of Operation

Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Fri. _____ Sat. _____

Number of Dining Seats Indoor _____ Outdoor _____

Total Square footage of Establishment _____

Maximum Meals to be Served (approximate) Breakfast _____

Lunch _____

Dinner _____

Type of Service (check all that apply) Sit Down Meals _____

Take Out _____

Catering _____

Other _____

Water Supply _____ Public _____ Well _____

Date of Recent Well Water Test ____/____/____ Name of Laboratory _____

Serviced by Public Sewer _____ Serviced by Septic _____

Sewer Approvals Granted ____/____/____ Septic Approvals Granted ____/____/____

Garbage Disposal Company Name _____

Phone Number (____) _____

Projected Pick Up Schedule _____ Daily _____ Number of Times / Week _____

Grease Scavenger Name _____

Phone Number (____) _____

Projected Pick Up Schedule _____ Weekly _____ Number of Times /Month _____