



# Township of Woodbridge

John E. McCormac, CPA, Mayor

Department of Health and Human Services  
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Woodbridge - Ten Towns, One Community

## PROPOSED ESTABLISHMENT - PLAN RECEIPT FORM

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Facility (Bakery, Pizzeria, Etc.): \_\_\_\_\_

Number of Seats: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Owner Address (Cannot be store address): \_\_\_\_\_

Contractor Name & Phone Number: \_\_\_\_\_

Date Plans Received: \_\_\_\_\_ Projected Date of Opening: \_\_\_\_\_

We are in receipt of your plans for \_\_\_\_\_ **construction** or \_\_\_\_\_ **remodeling** at the above establishment. As per N.J.C.A. 8:24 -10.1, we will review these plans and respond accordingly within **thirty days** of the date of submission of the plans.

**No establishment shall be constructed, extensively remodeled or converted without approved plans and specifications. No construction is to begin until your plans receive the approval of this department.**

By making this application, I (we) agree to comply with all the Ordinances of Woodbridge Township and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if suspended/revoked by the Health authority.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Registered Environmental Health Specialist: \_\_\_\_\_ (732) 855-0600, Ext. \_\_\_\_\_

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For Health Dept. Use Only:

Plan Review Fee: Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Cash  Check  # \_\_\_\_\_

License Number Issued: \_\_\_\_\_ Class Type: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cash  Check  # \_\_\_\_\_ Initials: \_\_\_\_\_

Cc: Building Department  
Licensing Department