

Date Received:

APPLICATION TO CONSTRUCT OR ALTER A RETAIL FOOD ESTABLISHMENT



# BOROUGH *of* ROSELAND

## Health Department

140 Eagle Rock Ave., Roseland New Jersey 07068  
(973) 428-3035

- New Establishment or Renovation of 50% or more of the floor area of existing establishment: \$100.00

-Alteration of less than 50% of an existing licensed establishment: \$50.00

### Notes To Applicant:

The Borough of Roseland Ordinance chapter BH:VIII requires that whenever a retail food establishment is constructed or renovated, and whenever a structure is converted to use as a retail food establishment or alterations or other changes in the operation are made that in the opinion of the Health Officer will change the nature of the operation, plans and specifications for the establishment must be submitted to the Health Department for review and approval before construction, renovation or conversion is begun. Please note that most changes or renovations will require a plan review. However, regular maintenance, minor repairs or direct replacement of small equipment (ex: slicer, but not a stove or oven) would not require prior approval.

The proposed layout of the establishment shall be drawn to a minimum scale of 1/4 inch =1 foot and **shall be signed and sealed by a New Jersey licensed architect or engineer.**

Please complete the application in full. If you have any questions, please feel free to contact the Health Department Office for assistance.

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

**Description of Establishment:** (i.e. bakery, meat counter, deli counter, salad bar/raw bar, seafood/shellfish, sushi bar, buffet, catering delivery): \_\_\_\_\_  
\_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

If premises are leased or rented, give owners name & address:  
\_\_\_\_\_  
\_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

_____	Governing Board of Council	_____	Plumbing
_____	Zoning	_____	Electric
_____	Planning	_____	Police
_____	Building	_____	Fire
_____	Conservation	_____	Other ( )

**Hours of Operation:**

Sun \_\_\_\_\_                      Thurs \_\_\_\_\_  
Mon \_\_\_\_\_                      Fri \_\_\_\_\_  
Tues \_\_\_\_\_                      Sat \_\_\_\_\_  
Wed \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

(Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which operations are  
conducted \_\_\_\_\_

Maximum Meals to be Served:	Breakfast _____
(approximate number)	Lunch _____
	Dinner _____

Projected Date for Start of Project: \_\_\_\_\_

Projected date for Completion: \_\_\_\_\_

Please enclose the following documents:

Proposed Menu (including seasonal, off-site and banquet menus)

Manufacturer Specification sheets for each piece of equipment shown on the plan

Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)

Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

Equipment schedule

### **CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

1. Provide plans that area minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch =1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
- 3 . Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

9. Include and provide specifications for:

- a. Entrances, exits, loading/unloading areas and docks;
- b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
- c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
- d. Lighting schedule with protectors;
  - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
  - (2) At least 220 lux (20 foot candles):
    - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
    - (b) Inside equipment such as reach-in and under-counter refrigerators;
  
    - (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
  - (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
- g. A color coded flow chart demonstrating flow patterns for: -food (receiving, storage, preparation, service); -food and dishes (portioning, transport, service); -dishes (clean, soiled, cleaning, storage); -utensil (storage, use, cleaning); -trash and garbage (service area, holding, storage);
- h. Ventilation schedule for each room;
- i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- j. Garbage can washing area/facility;
- k. Cabinets for storing toxic chemicals;
- l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
- m. Completed Section 1;
- n. Site plan (plot plan)

## FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

CATEGORY*	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )

6. Other \* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

*PLEASE CIRCLE/ ANSWER THE FOLLOWING QUESTIONS*

### **FOOD SUPPLIES:**

1. Are all food supplies from inspected and approved sources? YES / NO
  
2. What are the projected frequencies of deliveries for;  
Frozen foods:  
Refrigerated foods:  
Dry goods:
  
3. Provide information on the amount of space (in cubic feet) allocated for:  
Dry storage:  
Refrigerated storage:  
Frozen storage:
  
4. How will dry goods be stored off the floor?

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41 °F (5°C) and below? YES / NO  
Provide the method used to calculate cold storage requirements.
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If yes, how will cross-contamination be prevented?

3. Does each refrigerator/freezer have a thermometer? YES / NO

Number of refrigeration units:

Number of freezer units:

4. Is there a bulk ice machine available? YES/ NO

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (**PHF's**) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method

\*THICK FROZEN

\*THIN FROZEN FOODS

FOODS

Refrigeration

Running Water Less than

70°F(21 °C)

Microwave (as part of  
cooking process)

Cooked from Frozen state

Other (describe)

\*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

**COOKING:**

1. Will food product thermometers be used to measure final cooling/repeating temperatures of PHF's?  
YES / NO

What type of temperature measuring device:.

**Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:**

Beef Roast Solid	130°F (121min)
Seafood Pieces	145°F (15sec)
Other PHF's	145°F (15sec)
Eggs: Immediate	145°F (15sec)
Pork	155°F (15sec)
Meats/fish/poultry	165°F (15sec)
Reheated PHF's	165°F (15sec)

2. List types of cooking equipment.

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**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

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2. How will cold PHF's be maintained at 41 °F (5°C) or below during holding for service? Indicate type and number of cold holding units.

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COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41 °F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41 °F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHODS	THICK MEATS	THIN MEATS	THIN SOUPS/GRAVY	THICK SOUP/GRAVY	RICE/NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume Or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

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2. How will reheating food to 165°F for hot holding be completed rapidly and within 2 hours?

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PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

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2. Will food employees be trained in good food sanitation practices? YES / NO

Method of training: \_\_\_\_\_

Number(s) of employees: \_\_\_\_\_

Dates of completion: \_\_\_\_\_

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Please describe briefly:

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Will employees have paid sick leave? YES / NO

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type:

Concentration:

Test Kit: YES / NO

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO

If not, how will ready-to-eat foods be cooled to 41 °F?

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7. Will all produce be washed on-site prior to use? YES/NO

Is there a planned location used for washing produce? YES/NO

Describe:

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F to 140°F) during preparation.

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9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

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10. Will the facility be serving food to a highly susceptible population? YES/NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

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**FINISH SCHEDULE:**

Applicant must indicate which materials (quarry tile, stainless steel, FRP, etc) will be used in the following areas:

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Mop Service Basin				
Warewashing Area				
Walk-in Refrigerator & Freezer				

**B. INSECT AND RODENT CONTROL**

1. Will all outside doors be self-closing and rodent proof ?

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2. Are screen doors provided on all entrances left open to the outside?

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3. Do all operable windows have a minimum #16 mesh screening?

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4. Is the placement of electrocution devices identified on the plan?

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5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?

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6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?

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7. Will air curtains be used? If yes, where?

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C. GARBAGE AND REFUSE

Inside

8. Do all containers have lids? YES/NO

9. Will refuse be stored inside? YES/NO If so, where? \_\_\_\_\_

10. Is there an area designated for garbage can or floor mat cleaning? \_\_\_\_\_

Outside

11. Will a dumpster be used? YES/NO

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup \_\_\_\_\_

Contractor \_\_\_\_\_

12. Will a compactor be used?

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pick up \_\_\_\_\_

Contractor \_\_\_\_\_

13. Will garbage cans be stored outside?

\_\_\_\_\_

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Describe location of grease storage receptacle

\_\_\_\_\_

\_\_\_\_\_

16. Is there an area to store recycled containers?

\_\_\_\_\_

\_\_\_\_\_

Indicate what materials are required to be recycled;

Glass:            Metal:            Paper:            Cardboard:            Plastic:

17. Is there any area to store returnable damaged goods? YES / NO: Where? \_\_\_\_\_

**D. PLUMBING CONNECTIONS**

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*(P) TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice machines						
23. Ice storage bin						
24. Sinks						
a. Mop						
b. Janitor						
c. Handwash						
d. 3 Compartment						
e. 2 Compartment						
f. 1 Compartment						
g. Water Station						
25. Steam tables						
26. Dipper wells						
27. Refrigeration						
28. Hose connection						
29. Potato peeler						
30. Beverage Dispenser w/carbonator						
31. Other						

\* TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

32. Are floor drains provided & easily cleanable? If so, indicate location:

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E. WATER SUPPLY

33. Is water supply public ( ) or private ( )?

34. If private, has source been approved? YES / NO

Please attach copy of written approval and/or permit.

35. Is ice made on premises ( ) or purchased commercially ( ) ?

If made on premise, are specifications for the ice machine provided? YES / NO

Describe provision for ice scoop storage:

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Provide location of ice maker or bagging operation

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36. What is the capacity of the hot water generator?

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37. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 Under Section III in this manual)

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38. Is there a water treatment device? YES / NO

If yes, how will the device be inspected & serviced?

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39. How are backflow prevention devices inspected & serviced?

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**F. SEWAGE DISPOSAL**

40. Is building connected to a municipal sewer? YES / NO

41. If no, is private disposal system approved? YES / NO / PENDING  
Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES / NO

If so, where? \_\_\_\_\_

Provide schedule for cleaning & maintenance

\_\_\_\_\_

**G. DRESSING ROOMS**

43. Are dressing rooms provided? YES / NO

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas,etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. GENERAL**

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES / NO  
Indicate location:

\_\_\_\_\_  
\_\_\_\_\_

46. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES / NO

47. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES / NO

48. Will linens be laundered on site? YES / NO

If yes, what will be laundered and where?

\_\_\_\_\_  
\_\_\_\_\_

If no, how will linens be cleaned?

\_\_\_\_\_  
\_\_\_\_\_

49. Is a laundry dryer available? YES / NO

50. Location of clean linen storage:

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51. Location of dirty linen storage: \_\_\_\_\_

52. Are containers constructed of safe materials to store bulk food products? YES / NO

Indicate type:

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53. Indicate all areas where exhaust hoods are installed:

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54. How is each listed ventilation hood system cleaned?

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**I. SINKS**

55. Is a mop sink present? YES / NO

If no, please describe facility for cleaning of mops and other equipment:

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56. Is a food preparation sink present? YES / NO

**J. DISHWASHING FACILITIES**

57. Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Three compartment sink ( )

58. Dishwasher type of sanitization used:

Hot water (temp. provided)

Booster heater

Chemical type

Is ventilation provided? YES / NO

59. Do all dish machines have templates with operating instructions? YES / NO

60. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES / NO

61. Does the largest pot and pan fit into each compartment of the pot sink? YES / NO

If no, what is the procedure for manual cleaning and sanitizing?

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62. Are there drain boards on both ends, or above, of the pot sink? YES / NO: Where? \_\_\_\_\_

63. What type of sanitizer is used?

- Chlorine
- Iodine
- Quaternary
- ammonium
- Hot Water
- Other

64. Are test papers and/or kits available for checking sanitizer concentration? YES / NO

**K. HANDWASHING/TOILET FACILITIES**

65. Is there a handwashing sink in each food preparation and warewashing area? YES / NO

66. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO

67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO

68. Is hand cleanser available at all handwashing sinks? YES / NO

69. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES / NO

70. Are covered waste receptacles available in each restroom? YES / NO

71. Is hot and cold running water under pressure available at each handwashing sink? YES / NO

72. Are all toilet room doors self-closing? YES / NO

73. Are all toilet rooms equipped with adequate ventilation? YES / NO

74. Is a handwashing sign posted in each employee restroom? YES / NO

**L. SMALL EQUIPMENT REQUIREMENTS**

75. Please specify the number, location, and types of each of the following:

Slicers \_\_\_\_\_

Cutting boards \_\_\_\_\_

Can openers \_\_\_\_\_

Mixers \_\_\_\_\_

Floor mats \_\_\_\_\_

Other \_\_\_\_\_

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Owner(s) or Responsible Representative(s) Print Name and Title

\_\_\_\_\_

Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.