Township of Warren
Somerset County
46 Mountain Boulevard • Warren, New Jersey 07059
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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