

HEALTH DEPARTMENT PLAN REVIEW FEE

Date:		
Proposed Name of Establishment:		
Address:		
Location on Tax Map:	Block:	Lot:
Proposed Owner Name:		
Type of Plan Review:	Retail Food Establishment	Recreational Bathing Facility
From:	Nick DeStefano	
	Registered Environmental Health Spece Middlesex County Office of Health Ser	
	dvised that the Township of North B ealth Department Plan Review Fee	
	Per Township Ordinance Chapter(s) n (10) Business Days, your plans will not be	
	The check must be made payable NBT-DPRCS 710 Hermann Road North Brunswick, NJ 08902	to:
		1/26 DeStaland

Issued By/Signature:

Nick Destefano 732-247-0922 x475

FOR OFFICE USE ONLY:

Date Received:	
Number:	
Received By:	