Clark Township Health Department
430 Westfield Avenue, Clark, NJ 07066
Phone (732) 428-8405 | Fax (732) 388-2490

Public Health
Prevent. Promote. Protect.

PLAN REVIEW APPLICATION

☐ **NEW** ☐ **REMODEL** ☐ **CONVERSION**

Date: _____

Type or Establishment: _____

Name of Establishment: _____

Address: _____

Phone Number: _____

Contact Information	
Name of Owner: _____	**Contact Person:** _____
Mailing Address: _____	☐ **Architect** ☐ **Owner** ☐ **Manager**
[redacted]	**Phone Number:** _____
Email: _____	**Email:** _____

I have submitted plans / applications to the following Departments: ***(if applicable)***

☐ **Zoning**
☐ **Planning**
☐ **Building**
☐ **Plumbing**
☐ **Electrical**
☐ **Fire**
☐ **Police**
☐ **Other**

Note: Only complete submittals will be accepted. A submittal is deemed complete if it has the interior design layout, copy of plumbing plan, 1 copy of menu and estimated meals that will be served, 1 copy of all equipment specifications, and the required review fee.

SIGNED _____