



# VILLAGE OF RIDGEWOOD

131 NORTH MAPLE AVENUE  
RIDGEWOOD, NEW JERSEY 07451

(201)670-5500 ext. 2245

(201) 670-5556 FAX

Dawn Cetrulo  
Health Officer

## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ CONVERSION \_\_\_\_\_

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

Type of Food Operation: Restaurant \_\_\_\_\_, Institution \_\_\_\_\_, Daycare \_\_\_\_\_,  
Retail Food Store \_\_\_\_\_, Other \_\_\_\_\_

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

Phone (if available): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's  
Telephone: \_\_\_\_\_

Owner's  
Email Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_

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

Hours of Operation: Sun \_\_\_\_\_ Thurs \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tues \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_

Number of Indoor Dining Seats: \_\_\_\_\_

Number of Outdoor Dining Seats: \_\_\_\_\_

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

(Maximum per shift)

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

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

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

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

Type of Service: (check all that apply) Sit Down Meals \_\_\_\_\_  
Take Out \_\_\_\_\_  
Caterer \_\_\_\_\_  
Single Use Utensils \_\_\_\_\_  
Multi-Use Utensils \_\_\_\_\_  
Other \_\_\_\_\_

Enclose the following documents:

\_\_\_\_\_ Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site and banquet menus)

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

\_\_\_\_\_ Equipment schedule including location, plumbing, drain and electrical connections

\_\_\_\_\_ Manufacturer specification sheets for each piece of equipment to be used in the establishment

\_\_\_\_\_ Site plan showing location of food establishment location of building on site including alleys, streets; and location of any outside equipment or facilities (dumpsters, well, septic system - if applicable)

**CHAPTER 24 PLAN REVIEW**

**For Newly Constructed or Extensively Renovated Retail Food Establishments**

NAME OF ESTABLISHMENT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

3- Compartment Sink \_\_\_\_\_ Drain Boards \_\_\_\_\_

Easily cleanable surfaces behind all sinks \_\_\_\_\_ Sinks sealed to wall \_\_\_\_\_

Dishwasher Provided \_\_\_\_\_ Temperature Gauges on Dishwasher \_\_\_\_\_

Pressure gauges on dishwasher \_\_\_\_\_ Water temperature \_\_\_\_\_

(Hot water/Chemical) Sanitizer \_\_\_\_\_ if chemical, are strips provided \_\_\_\_\_

Hand Wash Sink provided (in all Food Prep. Areas) \_\_\_\_\_ Towel & Soap Dispenser \_\_\_\_\_

Utility Sink available \_\_\_\_\_ (Must be on same floor unless there is an elevator)

Walk-in Refrigerators Drain \_\_\_\_\_ Required? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Shelving \_\_\_\_\_

Lighting Protected \_\_\_\_\_

Food Storage Area Adequate Size \_\_\_\_\_

Shelving Provided \_\_\_\_\_

Food testing thermometer provided \_\_\_\_\_ Sanitizer test strips provided \_\_\_\_\_

All refrigerators provided with indicating thermometers inside \_\_\_\_\_

Ventilating \_\_\_\_\_ Filters \_\_\_\_\_

Exhaust Hood provided \_\_\_\_\_ Fan \_\_\_\_\_ Provided \_\_\_\_\_

Proper Space & Method provided for utensils & Food Storage \_\_\_\_\_

Indirect Waste Connections Provided for:

Coffee Urns or Brewers \_\_\_\_\_ Dishwasher \_\_\_\_\_

Hot & Cold Drink Dispensers \_\_\_\_\_ Ice Machine Drains \_\_\_\_\_

Dipperwells Provided \_\_\_\_\_ Running Water \_\_\_\_\_

Is a Grease Interceptor Required? \_\_\_\_\_ Provided? \_\_\_\_\_

What Type of Room Ventilation is provided? \_\_\_\_\_

Show Location of Employees Lockers \_\_\_\_\_ Dressing Area \_\_\_\_\_

Are there Cross Connections on premises and if so State Approved? \_\_\_\_\_

Are all Outer Openings Protected? \_\_\_\_\_ #16 Mesh \_\_\_\_\_

Do all Outside Area meet Code Requirements? \_\_\_\_\_

Garbage Area \_\_\_\_\_ Parking Area \_\_\_\_\_

Are Acceptable Outside Garbage Containers Provided? \_\_\_\_\_

Describe

Non-Absorbent Area Provided Under Outside Garbage Containers \_\_\_\_\_

All Food Equipment Easily Disassembled \_\_\_\_\_ Stored \_\_\_\_\_

Sneeze Guards provided where required \_\_\_\_\_ Kitchen Aisle Space Adequate \_\_\_\_\_

Kitchen Equipment Properly Sealed to Floor or Wall \_\_\_\_\_ Or up on Legs \_\_\_\_\_

Lighting Protected \_\_\_\_\_ 30 Footcandles Provided over work areas \_\_\_\_\_

Floors, Walls and ceilings easily cleanable \_\_\_\_\_ Cove moldings at floor wall junctions \_\_\_\_\_

Cleaning Supplies stored separately from foods \_\_\_\_\_ Pesticides stored separately \_\_\_\_\_

Clean uniforms & aprons provided \_\_\_\_\_ Proper containers for soiled linens & uniforms \_\_\_\_\_

(Personal belongings or clothing not acceptable to be worn or stored in food prep or food storage areas)

Employees Toilet Rooms Provided # \_\_\_\_\_ Windows \_\_\_\_\_ Fans \_\_\_\_\_

Customer Toilet Rooms Provided # \_\_\_\_\_ Windows \_\_\_\_\_ Fans \_\_\_\_\_

Sanitary Napkin disposal unit provided with cover in Ladies Room

**Summary of Requirements under NJ Chapter 24 (N.J.A.C. 8:24)**  
**For Retail Food Establishments undergoing Renovations**  
*Prepared by the Ridgewood Health Department*

This summary is provided to clarify some aspects of the code that are frequently questioned during renovation projects. The complete Health Department requirements for retail food establishment facilities are contained in Chapter 24 of the New Jersey Administrative Code (8:24). The full code can be accessed through the Health Dept. page on the Village website.

Basic requirements include the following (related Ch 24 sections in parentheses):

One or more **Handwash Sinks** located within food preparation and service areas. Location of sinks must provide for convenient and expeditious use by all employees. Review of plans by the Health Department will determine whether the number and location of handwash sinks is adequate. Handwash sinks may not be used for any other purpose, nor may hands be washed anywhere but in handwash sinks. (6.7)

A **three compartment sink** for warewashing. Each compartment must be large enough to allow immersion of the largest equipment and wares to be cleaned. Must be provided with drainboards, racks, or tables to allow storage of all items that may accumulate before they are cleaned and after they are sanitized. (4.8)

A **mop sink** or curbed cleaning well with floor drain. This is to be used for disposal of mop water and cleaning of mopping and other wet floor cleaning tools. Must be conveniently located for this purpose. (5.2)

**Lockers or other suitable facilities** for employees clothing and possessions. All such articles must be segregated from food preparation and service areas and stored in an orderly fashion. (6.3)

**Protection from entry of insects and rodents.** Doors must be tight fitting and kept closed. Screening in doors or windows, if provided, must be 16 mesh/ inch or tighter. All openings to the outside environment must be closed or sealed to provide no gaps. (6.2)

**Floors, walls and ceilings easily cleanable.** In food preparation areas, these surfaces must be constructed with materials that are smooth and easily cleaned. Where water flushing is to be used for floor cleaning, floors must be provided with drains and adequately graded, and junction of walls to floors must be sealed; otherwise, junction of walls to floor must be covered with coving material to allow no gap exceeding 1/32". (6.2)

**Clearances surrounding installed equipment.** Equipment not easily movable must be provided with sufficient clearances to allow cleaning of sides, behind, and above. Alternatively, such equipment may be spaced immediately against adjacent surfaces with gaps not exceeding 1/32", or, if exposed to seepage or spillage, must sealed to adjoining equipment or walls. (4.4)

*Any questions should be directed to the Health Department at 201-670-5500 x2241*

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

Plans at minimum of 11 x 14 inches in size drawn to scale.

Proposed menu, seating capacity, and projected daily meal volume for the food establishment.

Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified. Food equipment schedule which includes the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable) must be submitted. Elevation drawings may be requested by the Regulatory Authority.

Provisions for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding PHF (TCS).

Handwashing sinks

Warewashing sinks

Food preparation sinks

Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.

Entrances, exits, loading/unloading areas and delivery docks.

Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases.

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.

Location of lighting fixtures.

Source of water and method of sewage disposal.

A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for:

- food (receiving, storage, preparation, service);
- dishes (clean, soiled, cleaning, storage);
- trash and garbage (service area, holding, storage, disposal)



**Village of Ridgewood  
Retail License Application**

Application for License for: **ORDINANCE #:**  
As Provided in Sanitary Code of the Village of Ridgewood, NJ **LIC. #:**

Name of Business:

Business Address:

Business Telephone:

*Business Fax:*

*Email Address:*

Owner's Name:

Owner's Home Address:

Owner's Home Telephone:

Type of License: **Ordinance #:**

License Fee: **No. of Seats:**

Square Footage: **Vehicle License #:**

***ALL LICENSES EXPIRE DECEMBER 31 OF YEAR ISSUED***

**NOTE: CATERING/FOOD TRUCKS MUST CALL TO SCHEDULE AN  
APPOINTMENT FOR INSPECTION BEFORE LICENSE WILL BE RENEWED.  
LATE FEE WILL APPLY IF YOU HAVE NOT COMPLIED WITH APPOINTMENT CRITERIA BY  
JANUARY 1<sup>ST</sup>.**