



EDISON

Sam Joshi, Mayor

Division of Health & Human Services
Jay P. Elliot, Director

100 Municipal Boulevard
Edison, New Jersey 08817
(732) 248-7476
jelliot@edisonnj.org

HEALTH DEPARTMENT PLAN REVIEW APPLICATION

Type of Establishment _____ New _____ Renovation _____

Name of Establishment: _____

Establishment Address: _____

Name of Applicant: _____

Address of Applicant: _____

Contact Person: _____ Tel.: _____

Email: _____

Complete Application Must Include the Following:.

- Fee: \$100.00 payable to "Township of Edison"
- Interior floor plan to include equipment location and plumbing
- Equipment specifications
- Food establishments must include a copy of proposed menu

If you have any questions please contact the Health Department at 732-248-7273.

Official Use:

Date Received: _____ Check Number: _____ Date Approved: _____