

**SOUTH PLAINFIELD  
MUNICIPAL CLERK'S OFFICE**  
2480 Plainfield Avenue, South Plainfield, NJ 07080  
**REINSPECTION APPLICATION**

**ESTABLISHMENT INFORMATION:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**OWNER INFORMATION:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**MANDATORY EMAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMERGENCY/AFTER HOURS PHONE NUMBER: \_\_\_\_\_

**NON-REFUNDABLE APPLICATION FEE**

<u>REINSPECTION FEES</u>	<u>AMOUNT</u>	
1st Reinspection by Health Officer	\$ 75.00	_____
2nd Reinspection by Health Officer	\$100.00	_____
3rd Reinspection by Health Officer	\$125.00	_____
	<b><i>TOTAL AMOUNT:</i></b>	_____

**NOTE: Application is to be completed and returned with a check payable to the "Boro of South Plainfield" by March 31<sup>st</sup> otherwise a \$50.00 PER MONTH late fee will be incurred.**

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**FOR OFFICE USE ONLY.**

LICENSE # \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

METHOD OF PAYMENT: CASH \$ \_\_\_\_\_ CHECK \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_