



West Windsor Township

271 Clarksville Road, West Windsor, NJ 08550 * Tel. (609) 799-2400 * Fax (609) 799-2044

KENNEL, SHELTER, POUND, & PET SHOP PLAN REVIEW APPLICATION

Establishment Name: _____

Establishment Location: _____

Name of Owner: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Person in charge of Plan Review Process: _____

Person in Charge Phone: _____ **Person in Charge Email:** _____

I. Type of Establishment (check all that apply):

Kennel Shelter Pet Shop Pound

Services offered: Mobile Transport Grooming Training Daycare Euthanasia

Other: _____

II. List of Animals Cared for: _____

Total Capacity: # of Dogs _____ # of Cats _____ # of Other Animals _____

III. Enclosures: # of Indoor _____ # of Outdoor _____ # of Quarantine _____

IV. Veterinarian to be Providing Oversight to Facility:

Name: _____

Address: _____

Phone: _____

V. Sewage Disposal: PUBLIC SEPTIC SYSTEM

Potable Water: PUBLIC PRIVATE WELL

VI. Date of Zoning Approval: _____ Pending

FOR OFFICE USE ONLY			
License # Issued:	Paid \$:	Check#:	Cash:



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VII. Method of Ventilation of Quarantine Area: _____

VIII. Method of Disinfection of Enclosures: _____

IX. Method of Disinfection of food/water containers: _____

X. Facilities:

of Hand Wash Sinks _____ # of Utility Sinks _____ # of 3 Basin Sinks _____

XI. Attach the following information:

1. One set of facility site plans which includes:
 - a. Proposed equipment layout
 - b. Equipment design and installation
 - c. Construction materials of animal related work areas
 - d. Fencing
 - e. Surface modifications
 - f. Drainage plans
 - g. Overhead protections proposed.
2. Disease Control and Health Care Plan signed by Supervising Veterinarian
3. Proposed Cleaning Chemicals for animal contact areas
4. Supervision of Veterinary Care - VPH 20 Signed Form
5. Example of medication log, animal intake log, daily wellness check log

XII. Fee Submitted (Cash or Check only):

A. New Establishment _____ \$300.00
B. Renovation (Existing) _____ \$75.00

The undersigned agrees to operate this establishment in compliance with The New Jersey State Sanitary Code, Chapter VIII, Animal Facility Operation, NJAC 8:23A et seq., and all applicable federal, state and local regulations and requirements. I have read and fully understand the *N.J.A.C. 8:23A Prohibitions* and agree to comply with such.

Owner Signature: _____ **Date:** _____