

**Submit completed form, Professional Blueprints (or Photocopy of), and
the plan review fee of \$75.00**

**Monroe County Department of Health
Attn: Food Protection, Room 1020
111 Westfall Road
Rochester, New York 14620
(585) 753-5064**

Application for Approval of Plans for a Food Service Establishment

*When a food establishment is constructed or substantially remodeled or an existing structure converted for use as a food establishment, **properly prepared plans** and specifications shall be submitted to the regulatory authority for review and approval before construction is started. Part 14, Section 14.90, New York Sanitary Code.*

Name and address of establishment:	Name and address of owner:
Name and address of Architect, Engineer or Consultant:	Name and address of Operator:

Signature of Architect, Engineer or Consultant:	Signature of Applicant:
Date: _____	Date: _____

Approval or Disapproval should be sent to: (circle) Establishment Owner Architect, Engineer or Consultant Operator

Contact person: _____ phone # _____

Type of Establishment: (circle) Restaurant School Retail Bakery Delicatessen Industrial Food Service Commissary Catering
Institution Soup Kitchen Senior Center Other _____

Type of Facility: (circle) New Structure Remodeling of existing food service facility Converting from other use to food service

(FOR OFFICE USE ONLY)

Plans approved Date: _____ By Inspector: _____

Plans approved Date: _____ By Food Protection Supervisor _____

Plans approved Date: _____ By Bureau of Engineering: _____

Plans disapproved Date: _____ By: _____

Comments: _____

Complete back side of this form→

DETAILS OF PROPOSED FOOD SERVICE

1. **Number of seats** Dining: _____ Bar: _____
2. **Bathrooms**
Public: _____ How many? _____
Employee: _____
Doors self-closing: _____ Ventilation fan: _____
3. **Sinks**
Three bay sink in kitchen: _____ at bar: _____
Hand sink in kitchen: _____ How many: _____ Soap & Paper Dispensers: _____
Vegetable prep. sink with indirect drain: _____
Mop sink: _____
Hand sink in bathrooms: _____
Other: _____
4. **Mechanical Dishwashing Machine (Commercial Only)**
In kitchen: _____ In bar: _____
5. **Surface Materials**
Kitchen floors: _____ Walls: _____ Ceilings: _____
Service floors: _____ Walls: _____ Ceilings: _____
Dining floors: _____ Walls: _____ Ceilings: _____
Storage area floors: _____ Walls: _____ Ceilings: _____
6. **Exhaust Ventilation**
Hood location: _____ Filters: _____
7. **Refrigeration** (how many of each?)
Walk-in Refrigerator: _____ Reach-in Refrigerator: _____
Walk-in Freezer: _____ Reach-in Freezer: _____
Thermometers in all units? _____
7. **Storage**
Dry Storage: (sq. ft) _____
Separate Area for Toxic Items: _____ Where? _____
8. **Water Supply**
Public Supply (piped into Facility) _____ Water Supplier _____
Private Supply (well) _____ Health Department Approval Date _____
Proposed method of providing potable water _____
Hot water tank (capacity in gallons) _____
9. **Waste (Sewage)**
Public Sewer System (piped connection to) _____ Name of System _____
Private Sewer (on site) _____ Health Department Approval Date _____
10. **Other Items**
Ice cream cabinet with dip well: _____
Light shields provided: _____
Food protected (i.e. Sneeze guards): _____
Stem thermometers: _____