



**Monroe County Department of Public Health**  
 Food Protection – Room 832  
 111 Westfall Road  
 Rochester, New York 14620  
 Phone (585) 753-5064 / Fax (585) 753-5013  
[food@monroecounty.gov](mailto:food@monroecounty.gov)

<b>DO NOT WRITE IN THIS SPACE</b>	
Date Received _____/_____/_____	
Payment Type: Check CC MO Cash	
Check/MO # _____	<b>R</b>
Amount \$ _____	
<input type="checkbox"/> Websales	

## Application for Approval of Plans for a Food Service Establishment

*Pursuant to part 14-1.190 of the NYS Sanitary Code, prior to constructing, major renovation, or commencing operation of a food service establishment, properly prepared plans and specifications shall be submitted to the regulatory authority for review and approval before construction is started.*

**Submit completed form, professional blueprints or a floor plan drawing, and the plan review fee of \$75.00 to the address above:**

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:**

- Owner    
  Establishment    
  Architect, Engineer or Consultant    
  Operator

Contact person: \_\_\_\_\_ Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

- Type of Establishment:**
- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Restaurant/Tavern       | <input type="checkbox"/> School/College | <input type="checkbox"/> Retail Bakery | <input type="checkbox"/> Commissary    |
| <input type="checkbox"/> Industrial Food Service | <input type="checkbox"/> Catering       | <input type="checkbox"/> Soup Kitchen  | <input type="checkbox"/> Senior Center |

**Anticipated Opening Date:** \_\_\_\_\_

- Type of Plan Approval:**
- |  |   |
|--|---|
| <input type="checkbox"/> New Owner     | <input type="checkbox"/> Remodeling of existing food service facility |
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Converting from other use to food service    |

<b>OR OFFICE USE ONLY</b>	Plans Approved: Inspector _____	Date _____
	Plans Approved: Food Protection Supervisor _____	Date _____
	Plans Approved: Bureau of Engineering _____	Date _____
	Plans Disapproved: By _____	Date _____
	Comments: _____ _____	

**Complete back side of this form →**

## Details of Proposed Food Service

**\*\*\*All Sinks and Equipment must be CLEARLY labeled on blueprint/floorplan drawing\*\*\***

1. **Number of Seats** Dining Room: \_\_\_\_\_ Bar: \_\_\_\_\_
  
2. **Bathrooms** - *self-closing doors and ventilation fans are required*  
# of Public Bathrooms: \_\_\_\_\_ # of Employee Bathrooms: \_\_\_\_\_  
Handwash sinks present in bathrooms:  Yes  No
  
3. **Sinks**  
Three Bay sink present (stainless steel; each bay must be large enough to accommodate the largest pot or pan) Kitchen:  Yes  No Bar:  Yes  No  
Food Prep Sink present (stainless steel with indirect drain):  Yes  No  
Mop sink present:  Yes  No  
# of Handwash sinks with pump soap and paper dispenser: Kitchen: \_\_\_\_\_ Bar: \_\_\_\_\_  
*\*Handwash sinks are required at all food and beverage prep areas, including service bars*
  
4. **Commercial Dishwashing Machine** Kitchen:  Yes  No Bar:  Yes  No
  
5. **Grease Trap**  Indoors  Outdoors – Location: \_\_\_\_\_
  
6. **Surface Material Type (tile, wood, drop panel, etc.)** *\*unfinished bare wood not allowed*  
Kitchen: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceilings \_\_\_\_\_  
Service: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceilings \_\_\_\_\_  
Dining: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceilings \_\_\_\_\_  
Storage Area: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceilings \_\_\_\_\_
  
7. **Exhaust Ventilation** Exhaust Ventilation present?  Yes  No
  
8. **Refrigeration** **\*Thermometers are required in each unit**  
# of Walk-in Refrigerators: \_\_\_\_\_ # of Reach-in Refrigerators: \_\_\_\_\_  
# of Walk-in Freezers: \_\_\_\_\_ # of Reach-in Freezers: \_\_\_\_\_
  
9. **Storage**  
Dry Storage location: \_\_\_\_\_ Area (sqft)? \_\_\_\_\_  
Toxic Storage location: \_\_\_\_\_ Area (sqft)? \_\_\_\_\_
  
10. **Water Supply**  
 Public Supplier (piped into facility): Name of supplier \_\_\_\_\_  
-or-  Private supply (well water): Monroe Co. Health Department approval date \_\_\_\_\_  
  
 Hot water tank (40 gallon minimum): Capacity = \_\_\_\_\_ gallons  
-or-  On-Demand Tank (Check compatibility with mechanical dishwasher)
  
11. **Waste (sewage)**  
 Public sewer system  
-or-  Private sewer (septic system): Monroe Co. Health Department approval date \_\_\_\_\_
  
12. **Lighting** Light Shields present:  Yes  No