



**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)

**DO NOT WRITE IN THIS SPACE**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Payment Type: Check CC MO Cash  
Check/MO # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
☐ 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 below:**

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:**    ☐ Restaurant/Tavern    ☐ School/College    ☐ Retail Bakery    ☐ Commissary  
☐ Industrial Food Service    ☐ Catering    ☐ Soup Kitchen    ☐ Senior Center

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

**Type of Plan Approval:**    ☐ New Owner    ☐ Remodeling of existing food service facility  
☐ New Structure    ☐ 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