

Application for Approval of Plans for a Food Service Establishment

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. Subpart 14, Section 14-1.191, New York State Sanitary Code

**Submit completed form, professional blueprints or a floor plan drawing,
and the plan review fee of ~~\$75.00~~. FEE WAIVED FOR 2021!**

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

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: Date: _____	Signature of Applicant: Date: _____

Approval or Disapproval returned to: (circle) Establishment Owner Architect, Engineer or Consultant Operator

Contact person: _____ Phone # _____

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

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

(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 Establishment

1. Number of Seats

Dining Room _____ Bar _____

2. Number of Restrooms (Self closing doors and ventilation fans required)

Public _____ Private _____

3. Number of Sinks

Three bay (stainless steel): kitchen _____ at Bar _____

Hand sink: kitchen _____ at Bar _____

Food Prep (stainless steel with indirect drain): kitchen _____ at Bar _____

Mop sink _____

Restroom hand sinks _____

4. Mechanical Dishwashing Machine (commercial only)

In kitchen: _____ at Bar: _____

5. Grease Trap Location

Outdoors or Indoors? _____

6. Surface Materials

Kitchen Floors _____ Walls _____ Ceilings _____

Service Floors _____ Walls _____ Ceilings _____

Dining Floors _____ Walls _____ Ceilings _____

Storage Floors _____ Walls _____ Ceilings _____

7. Exhaust Ventilation

Hood location _____ Filters? _____

8. Refrigeration (how many of each?) *Thermometers required in each unit

Walk-In Refrigerator _____ Reach-in Refrigerator _____

Walk-In Freezer _____ Reach-in Freezer _____

9. Storage

Dry Storage location _____ Area (sqft)? _____

Toxic Storage location _____ Area (sqft)? _____

10. Water Supply

Public Supplier name (piped into facility) _____

Or, Private supply DOH approval date (well water) _____

Hot water tank Capacity (40 gallon minimum) _____

Or, on demand tank? (Check compatibility with mechanical dishwasher) _____

11. Waste (sewage)

Public sewer system name (piped into facility) _____

Or, Private sewer DOH approval date (septic system) _____

12. Lighting

Light Shields provided? _____