

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:

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

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
 Delicatessen
 Catering
 Soup Kitchen
 Senior Center

- Type of Plan Approval:**
- New Owner
 Remodeling of existing food service facility
 New Structure
 Converting from other use to food service

(FOR OFFICE USE ONLY)	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 sinks present (stainless steel): 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