

ORANGE COUNTY DEPARTMENT OF HEALTH
124 MAIN STREET
GOSHEN, NY 10924
TEL: (845) 291-2331
FAX: (845)291-4078

Application for Approval of Plans and Specifications for the Construction, Alteration or Remodeling of a Food Service Establishment

Name of Establishment	Street Address	Location: (Town/Village/City)

Name of Applicant or Designated Representative*	Telephone
Mailing Address	

Architect/Engineer/Food Service Consultant	Telephone
Mailing Address	

*An applicant shall mean an individual, or firm, estate, partnership, company, corporation, trustee, association, or any public or private entity. This application must be signed by the owner, proper official of the corporation or other authorized individual designated by such person. Designated individuals may be engineers, architects or other consultants.

Name of Person Signing Application (please print)	Official Title
Signature of Person Signing	Date

PLAN SUBMISSION MUST INCLUDE:

- 1) Completed & signed application
- 2) Minimum of 2 complete sets of plans and specifications
- 3) Review Fee: \$150.00 for remodeling of existing facilities
\$250.00 for new construction or building converted from other use.

The fee should be in the form of a check or money order made payable to:
ORANGE COUNTY DEPARTMENT OF HEALTH

- 4) Projected opening date: _____

CIRCLE OR FILL IN ALL APPLICABLE INFORMATION

(For details see plan guide)

SEATING

TOTAL # Seats: _____
Dining Seats: _____ # Bar Seats _____

WATER SUPPLY

Public Y/N
Private Y*/N

*If well water, an application for Approval of Chlorinator Installation must be submitted

SEWAGE

Public Y/N

Private Y*/N

*Additional information must be submitted and all septic systems must be approved by this office prior to opening.

GARBAGE STORAGE

Dumpsters _____ Location _____
Covered Garbage Cans _____

VENTILATION

Exhaust Hoods _____ Length _____ Width _____
Length _____ Width _____

Exhaust Fan Capacity _____ CFM*
_____ CFM*

*(CFM = cubic feet/minute)

REFRIGERATION

SIZE
(cu. ft.)

Reach-in Refrigerators _____
Walk-in Refrigerators _____
Walk-in Freezers _____
Reach-in Freezers _____

COOKING/HOT HOLDING EQUIPMENT

Stoves _____
Conventional Ovens _____
Convection Ovens _____
Steam Tables _____
Grills _____
Microwave Ovens _____
Fryers _____
Broilers _____
Other: _____

TOILET FACILITIES

Public Restrooms _____
Employee Restrooms _____

FOOD PROCESSING AND CLEANING

#Kitchen Handwash Sinks _____
Food Wash Sinks _____
Ice Machines _____
Ice Bins _____
Location of Mop Sink _____

WAREWASHING

Will plasticware & paper plates be used exclusively? Y*/N
* #2 compartment sinks _____
Will silverware/dishes/glasses be used? Y*/N
* # 3 compartment sinks _____
* # automatic dishwashers _____

WATER HEATING EQUIPMENT

Hot Water Heater Storage
Capacity: _____ gals.
Recovery Rate (gals/hr) _____

CARBONATED BEV. SYSTEM(S)

Pre-mix Y/N
Post-mix Y*/N

*List type of backflow prevention device to be used _____

Bottled/Canned Beverages Only Y/N

FOR OFFICE USE ONLY

Risk Factor _____

Date Approved _____

Assigned by _____

Assigned to _____

Date _____