



# CATTARAUGUS COUNTY HEALTH DEPARTMENT

## PLAN REVIEW FEE DETERMINATION SCHEDULE



1. Determine what fee(s) apply to your project.
2. Enter total at bottom of form; sign and date where indicated.
3. Make check payable to the “**Cattaraugus County Health Department**” for total amount, or to pay by credit card call (716) 701-3386 (includes a 2.5% convenience fee).
4. Mail this form with check, accompanied by appropriate applications, engineering drawings, reports, etc. to the Health Department office in Olean: 1 Leo Moss Drive, Suite 4010, Olean, New York 14760-1154.

Name of Facility/Project Description: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

<u>Type of Project</u>	<u>Fee</u>	<u>Fee Calculation</u>
Onsite Sewage Treatment System		
Less than 1,000 gpd	\$ 80.00	_____
Greater than 1,000 gpd	\$ 160.00	_____
Mobile Home Park (Site Plan)	\$ 160.00	_____
Campground (Site Plan)	\$ 160.00	_____
Realty Subdivision (Per Lot)	\$ 25.00 *	_____
Public Bathing Facility		
Pool/Spa (Per Filter System)	\$ 210.00	_____
Beach	\$ 105.00	_____
Public Water Supply		
Treatment	\$ 210.00	_____
Distribution	\$ 210.00	_____
Storage	\$ 160.00	_____
Source	\$ 160.00	_____
Cross Connection Control (Per Service)	\$ 80.00	_____
Sanitary Sewer Extension	\$ 210.00	_____
Food Service Establishment		
New Construction	\$ 130.00	_____
Renovation	\$ 80.00	_____
Mass Gathering (Site Plan)	\$2,100.00	_____
	<b>TOTAL</b>	_____

**Certification Statement: I hereby certify that the statements made above are accurate to the best of my knowledge.**

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Signature of Operator/Applicant	Title	Date
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**CATTARAUGUS COUNTY HEALTH DEPARTMENT**

1 Leo Moss Drive, Suite 4010  
Olean, New York 14760-1154

**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS FOR  
THE CONSTRUCTION, ALTERATION OR REMODELING OF A  
FOOD SERVICE ESTABLISHMENT**

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 Operator:  DATE: _____

Approval or Disapproval to be sent to:  Establishment  Owner  Architect, Engineer or Consultant  Operator

When a food establishment is constructed or substantially remodeled or an existing structure converted for use as a food establishment, properly prepared plans and specifications shall be submitted to the regulatory authority for review and approval before construction is started. Part 14, Section 14.90, New York State Sanitary Code.

Type of Establishment:  Restaurant/Bar  School  Institution  Sub/Pizza Shop  Catering Commissary  
 Retail Frozen Dessert Manufacturing  Retail Bakery  Vending Commissary, Mobile Vending  
 Other (Describe) \_\_\_\_\_

Type of Facility:  
 New Structure Seating Capacity: \_\_\_\_\_  
 Remodeled Existing Food Service Facility Are Banquet Facilities Available? \_\_\_\_\_  
 Building Converted From Other Use to Food Service Banquet Seating Capacity: \_\_\_\_\_

Potentially Hazardous Foods:  Thin meats, poultry, fish, eggs  Thick meats (roasts), whole poultry  
 Cold Processed Foods (salads, sandwiches, vegetables)  
 Hot Processed Foods ( soup, stews, chowders, casseroles)  
 Bakery goods (pies, custards, creams)

(FOR OFFICE USE ONLY)

Plans Approved Date \_\_\_\_\_ By \_\_\_\_\_  
Plans Disapproved Date \_\_\_\_\_ By \_\_\_\_\_

Reason(s) for Disapproval \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF PROPOSED FOOD SERVICE FACILITIES**

**SERVICE ARRANGEMENTS**

For each of the following questions, please circle Yes or No:

Counter protection devices, cabinets, display cases or similar protective equipment provided for the open display of food (including condiments)?                      Yes    No

Protective shielding for light fixtures in food storage, preparation, service, and display areas?    Yes    No

Properly scaled thermometers, mounted and easily visible, in each refrigeration unit?                      Yes    No

Properly scaled thermometer available at each hot food storage unit?                                      Yes    No

Floor Mounted equipment:

Easily Removable?                      Yes    No

Elevated 6 inches above floor?    Yes    No

Sealed to floor?                         Yes    No

**SURFACE MATERIAL**

Kitchen Area:

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceilings \_\_\_\_\_

Service Areas:

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceilings \_\_\_\_\_

Dining Areas:

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceilings \_\_\_\_\_

Storage Areas

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceilings \_\_\_\_\_

**WASHING & SANITIZING FACILITIES**

Dishwashing:

Manual (three compartment sink)? Yes    No

Mechanical?                                Yes    No

Make/Model \_\_\_\_\_

Booster?                                      Yes    No

Thermometer(s)?                         Yes    No

Potwashing:

Manual (three compartment sink)? Yes    No

Mechanical?                                Yes    No

Make/Model \_\_\_\_\_

Booster?                                      Yes    No

Thermometer?                              Yes    No

Bar Glass Washing:

Manual (three compartment sink)? Yes    No

Mechanical?                                Yes    No

Make/Model \_\_\_\_\_

Handwashing:

Sinks in Food Preparation Areas? \_\_\_\_\_

Sinks in Restrooms? \_\_\_\_\_

**EXHAUST VENTILATION**

Hood Locations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Restroom Ventilation must be mechanical in all new or remodeled establishments.)

**STORAGE**

Walk-In

Reach-In

Refrigerator (No. of Units)                \_\_\_\_\_

Freezer (No. of Units)                      \_\_\_\_\_

Dry Stores (Sq. Ft.)                         \_\_\_\_\_

Separate Cabinet for Toxic Items? \_\_\_\_\_

**EMPLOYEE FACILITIES**

Toilets? \_\_\_\_\_

Locker Room or Lockers? \_\_\_\_\_

**WATER SUPPLY**

Public? \_\_\_\_\_ Private? \_\_\_\_\_

Adequate; Safe and Sanitary Quality? \_\_\_\_\_

Hot Water

Capacity (Gals.) \_\_\_\_\_

Temperature Setting F \_\_\_\_\_

**WASTE DISPOSAL**

Sewage: Public \_\_\_\_\_ Private\* \_\_\_\_\_

Food Waste: Commercial Disposal Service \_\_\_\_\_

Grinder \_\_\_\_\_ Other \_\_\_\_\_

Trash: Commercial Disposal Service \_\_\_\_\_

Other \_\_\_\_\_

\*Health Department Approved? \_\_\_\_\_

**PLUMBING**

Are indirect drains installed on: (Answer Yes or No)

Food preparation sinks? \_\_\_\_\_

Ice Machines? \_\_\_\_\_

Steam Tables? \_\_\_\_\_

Ice Storage Bins? \_\_\_\_\_

Dishwasher? \_\_\_\_\_

Is a vented double check valve installed on each carbonator?

Yes    No

Are vacuum breakers installed on: (Answer Yes or No)

Each hose bibb? \_\_\_\_\_

The dishwasher inlet? \_\_\_\_\_

Soap dispenser on dishwasher? \_\_\_\_\_

Faucet-mounted soap dispensers? \_\_\_\_\_

Has a curbed floor basin, supplied with hot and cold running water, been installed?

Yes    No

**OTHER**

Fly Control

-Are screens installed on all openable windows? Yes    No

-Are screens or air curtains installed on all exterior opening?

Yes    No