

Albany County Health Department
 Division of Environmental Health Services
**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS FOR THE
 CONSTRUCTION, ALTERATION OR REMODELING OF A
 SERVICE FOOD ESTABLISHMENT**

Name of Establishment	Location (TVC)	County
Name of Owner	Mail Address	
Name of Operator	Mail Address	
Architect, Engineer or Food Service Consultant	Mail Address	
Type of Establishment:	Restaurant _____ Drive-in _____ School _____ Concession _____ Factory _____ Hospital _____ Nursing home _____ Resort _____ Office or Commercial Building _____ Other (specify) _____	

This application must be signed by the owner or the proper officials of the corporation or legally constituted board or commission having charge of work. The signature of the designing engineer or other agent will be accepted if accompanied by a letter of authorization.

Signature of Applicant	Official Title	Mail Address
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This application must be accompanied by complete plans. All information required by form on the reverse side and which is pertinent to the installation must be submitted. Information shown on plans need not be repeated on the form. Application and plans shall be furnished.

Plans must show relation of food service facilities to the building in which it is located, entrances and the location of toilets.

FOR OFFICE USE ONLY:

Plans Approved — Date _____ By _____

Plans Disapproved — Date _____ By _____

Reason for Disapproval _____

DETAILS OF PROPOSED FOOD SERVICE FACILITIES

SERVICE ARRANGEMENTS*

Type of Service	Dining Area Sq. Ft.	Seating Cap.	Breakfast	Max. No. Meals Served Daily	
				Lunch	Supper
Table Service					
Cafeteria					
Counter	NA				
Tray Service	NA	NA			
Takeout	NA	NA			
Other (type)					

SURFACE MATERIAL

	Floor	Walls	Ceiling
Kitchen Areas			
Serving Areas			
Dining Rm. Area			
Storage Rm. Areas			

WASHING FACILITIES*

Dishwashing — Type (hand or mechanical++) _____
 Capacity (dishes per hour) _____
 Potwashing (hand or mechanical++) _____
 Prerinse (spray or machine) _____
 Other (specify) _____
 Handwashing — No. lavatories in kitchen _____
 Handwashing — No. washroom laboratories _____

WATER SUPPLY*

Source _____
 Min. Pressure avail. at main. psi: _____

HOT WATER

	Regular	Booster
Storage Capacity — gals.		
Heating Capacity BTU/hr.		
Temperature Setting — F		
Maximum Use Period — Hours		

FREQUENCY OF FOOD DELIVERY

Dry Foods _____
 Dairy Products _____
 Meat _____
 Produce _____
 Frozen Foods _____
 Prepared Meals _____

AREAS OF USE FOR

	Sq. Ft.
Receiving	
Food Preparation	
Dishwashing	
Utensil Washing	
Toilets: Public _____ Employee _____	
Employee Locker Rm.	
Tray and Food Cart Assembly	

STORAGE*

	Walk-in	Reach-in	Compressor Cap. Tons
Cold Storage — Refrig. cu. ft.			
Cold Storage — Freezer cu. ft.			
Dry Stores sq. ft.			NA
Single Service Items sq. ft.			NA
Misc. Storage — sq. ft.			NA

WASTE DISPOSAL

Liquid Wastes Including —
 Sewage: Public _____ Private _____ (Supply Details)
 Food Waste: Incinerator _____ Grinder _____ Other _____
 (Specify) _____
 Trash: Incinerator _____ Other (Specify) _____

FOOD VENDING MACHINES

No. _____ Type _____ Backflow preventers _____

EXHAUST VENTILATION*

Hood Location	Provided with Filters	Hood Area Sq. Ft.	Provided with Auto. Fire Protection	Fan Air Capacity CFM @ in. water

* Show details on plans.

+ Where will trays be made up?

++ If mechanical, specify manufacturer, model no., type NSF approved, and if manual specify no. sinks, type and capacity of immersion or other booster heater and no. baskets. Use extra sheet if necessary.

Signature of designing engineer, architect, or food service consultant

Address