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

DBA/ Name of Establishment:

Establishment Location and Contact Information

Former Name (if applicable)		**Municipality**	
Physical Address	Street Address	**Unit #**	Required for multi-use buildings
	City	State	ZIP Code
Facility Phone #	**PLANNED OPENING DATE*:**	**Seats Provided for Customer Use***	

WHO is Creating the Kitchen Plans?

Name of Business or individual:

Type of Entity: ☐ Owner/Operator ☐ Engineer ☐ Architect ☐ Consultant ☐ Other_____

Contact Person(s)			
MAILING Address:	Street Address		Unit #
	City	State	ZIP Code
Phone #(s):		☐ Office ☐ Cell ☐ Home	
Email Address*:			

Operator Information

Complete State Registered Name of Operating Entity

Type of Operating Entity: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Association

Contact Person(s) (If not listed above)			
MAIL	Street Address		Unit #
	City	State	ZIP Code
Phone #(s):		☐ Office ☐ Cell ☐ Home	
Email Address*:			***REQUIRED**

Type of Review: (check one)

- ☐ remodeling of existing food service establishment- **$200.00**
- ☐ new construction - **$300.00**
- ☐ building converted from other use - **$300.00**

PLAN SUBMISSION MUST INCLUDE:

1) Completed & signed application
2) Minimum of 2 complete sets of plans and specifications
3) Fee, unless non-profit (must provide proof of non-profit status). The fee should be in the form of a check or money order made payable to: **ORANGE COUNTY DEPARTMENT OF HEALTH**

*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.

Applicant's Signature*: _____ Title: _____

Printed Name of Applicant: _____ 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: _____

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: _____