

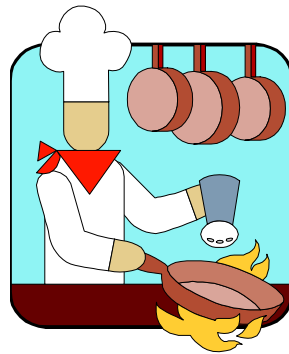


## A GUIDE TO OBTAINING A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT IN CLINTON COUNTY

Plans are reviewed by a confirmed appointment **ONLY**,  
at the Environmental Unit Offices.  
Call for an appointment at (518) 565-4870

All plans should be submitted thirty days or more  
**BEFORE** the planned construction date.

**ATTENTION: A WATER SYSTEM PLAN  
APPROVAL APPLICATION MUST BE  
SUBMITTED WITH THE FOOD SERVICE  
ESTABLISHMENT PERMIT APPLICATION  
IF THE WATER SUPPLY IS NOT A PUBLIC  
WATER SUPPLY.**



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ATTACHMENT(S)

- Current Permit Application and Instructions
- Water System Approval Instructions when not on a Public Supply
- Other \_\_\_\_\_

## INSTRUCTIONS

The following must be submitted to this Department for approval prior to ANY construction:

- (1) Application for Approval of Plans - Water and Sewage Treatment System Plans must also be submitted if not connected to a public system;
- (2) Details and a description of the food service operation;
- (3) Two (2) adequately sized copies of the floor plans showing the necessary specifics indicated in the example on pg. 5;
- (4) A **Facility Basic Data Form**;
- (5) Permit Application with all the following applicable fees:

### Fee Schedule – Effective 11/1/06

|  |          |
|--|----------|
| High *Risk 101+ Seats  | \$240.00 |
| High *Risk 51 – 100 Seats  | \$180.00 |
| High *Risk 0 – 50 Seats  | \$120.00 |
| Medium *Risk 101+ Seats  | \$105.00 |
| Medium *Risk 51 – 100 Seats  | \$100.00 |
| Medium *Risk 0 – 50 Seats  | \$95.00  |
| *Low Risk  | \$70.00  |
| Additional fee per Vending or Soft Ice Cream Machine                     | \$35.00  |
| Mobile Cart or Truck   | \$95.00  |
| Temporary 2 – 14 days duration   | \$120.00 |
| Temporary 1 day only   | \$60.00  |
| Not-For-Profit Groups  | \$30.00  |
| If on-site water (not on municipal supply) include <b>additional</b> fee | \$50.00  |
| If on-site sewer (not on municipal supply) include <b>additional</b> fee | \$50.00  |

\*The Sanitarian who reviews your plans will determine the *Risk* status of your facility.

- (6) When the plan is complete, an office conference may be held to review the plan and make any changes that may be required before final approval can be given.
- (7) After the plan is stamped and approved, construction may commence. Construction must be done in accordance with the approved plans. Consult this Department before making any changes to your plan.
- (8) When construction is complete and all equipment is installed, call this Department for a pre-operational inspection. This inspection must be made before a permit to operate can be issued.

**THIS PROCESS COVERS ONLY CLINTON COUNTY HEALTH DEPARTMENT REQUIREMENTS.**

**CLINTON COUNTY HEALTH DEPARTMENT**  
**Environmental Health Unit**  
**133 Margaret Street**  
**Plattsburgh, NY 12901**  
**(518) 565-4870**

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

**NOTE:** This application must be accompanied by complete submissions (water and sewer if applicable).  
All information required by this form and which is pertinent to the installation must be submitted.

|   |                   |
|---|-------------------|
| Name of Establishment:                                  |                   |
| 911 Location, including Town, Village, City, County:    |                   |
| Name of Intended Permittee:                             |                   |
| Mailing Address:  |                   |
| Permittee Contact Person:                               | Telephone Number: |
| Name of Architect, Engineer or Food Service Consultant: |                   |

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

**x**

| Signature of Applicant | Official Title | Mailing Address |
|------------------------|----------------|-----------------|
|                        |                |                 |

**FOR OFFICE USE ONLY:**

**Plans Accepted**                      Date: \_\_\_\_\_ By: \_\_\_\_\_

**Plans Disapproved**              Date: \_\_\_\_\_ By: \_\_\_\_\_

**Reason :** \_\_\_\_\_

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

**DETAILS OF PROPOSED FOOD SERVICE FACILITIES**  
**NOTE: ALL BELOW DETAILS MUST BE SHOWN ON FLOOR PLAN**

Will you provide "take out" service? YES \_\_\_ NO \_\_\_

Will you have off-site catering/food handling? YES \_\_\_ NO \_\_\_

Seating capacity \_\_\_\_\_ Maximum Fire Code Occupancy \_\_\_\_\_

**WATER SUPPLY** Public \_\_\_ or Private \_\_\_

**\*If you are not on a Public/Municipal Water Supply, have you submitted a completed Water System Approval Application?**

**HOT WATER HEATER** Storage capacity, Gals. \_\_\_\_\_

**WASHING FACILITIES**

Dishwasher: Heat or Chemical? \_\_\_\_\_

NSF approved? YES \_\_\_ NO \_\_\_ Company/Model# \_\_\_\_\_

**SINKS / HANDWASHING STATE LOCATION & SIZE (L x W x D)**

|   | LOCATION | SIZE              |
|---|----------|-------------------|
| 3 Bay Sink wash system  | _____    | <u>X</u> <u>X</u> |
| (size of smallest bay)  | _____    | <u>X</u> <u>X</u> |
| Dirty dish storage and drain boards must be labelled<br>On floor plan |          |                   |
| Handwashing stations  | _____    | <u>X</u> <u>X</u> |
| With soap and paper towel dispensers                                  |          |                   |
| Food Prep. Sink   | _____    | <u>X</u> <u>X</u> |
| Utility /Mop sink   | _____    | <u>X</u> <u>X</u> |

**VENTILATION / EXHAUST**

Explain kitchen ventilation

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

Exhaust hoods? YES \_\_\_ NO \_\_\_

Provided with filters?  
 YES \_\_\_ NO \_\_\_

Hood opening? (square feet)  
 \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Provided with automatic fire protection? YES \_\_\_ NO \_\_\_

Fan capacity \_\_\_\_\_ CFM

**WASTE DISPOSAL**

Sewage:  
 Public \_\_\_ or Private \_\_\_  
 \*If not public sewage system approval is needed\*

Storage location of toxics?  
 \_\_\_\_\_

Location of workers personal Items? \_\_\_\_\_

**COLD STORAGE**

| LOCATION | TYPE | SIZE |
|----------|------|------|
|          |      |      |
|          |      |      |
|          |      |      |
|          |      |      |
|          |      |      |
|          |      |      |
|          |      |      |
|          |      |      |
|          |      |      |
|          |      |      |

**HOT HOLDING EQUIPMENT**

| LOCATION | TYPE | SIZE |
|----------|------|------|
|          |      |      |
|          |      |      |
|          |      |      |

**SURFACE MATERIALS**

|                  | <u>FLOORS</u> | <u>WALLS</u> | <u>CEILINGS</u> |
|------------------|---------------|--------------|-----------------|
| Kitchen Area     |               |              |                 |
| Serving Area     |               |              |                 |
| Dining Area      |               |              |                 |
| Dry Storage Area |               |              |                 |
| Toilet Area      |               |              |                 |

# DESCRIPTION OF FOOD SERVICE OPERATION

1. How many food handlers, including yourself if applicable, will there be per shift? \_\_\_\_\_ per day?\_\_\_\_\_

2. How will food handling and safety responsibilities be divided? (i.e., 1 cook, 2 wait staff, 1 dishwasher, etc.) per shift?  
\_\_\_\_\_  
\_\_\_\_\_

3. Attach a copy the menu and fill in below:

STATE GENERIC MENU CATEGORY (i.e.,: Thin meat/Fish; Thick meat;Soups/Casseroles; Salads/Sandwiches; Baked Goods)

**Breakfast:** \_\_\_\_\_  
\_\_\_\_\_

Prep. Time: \_\_\_\_\_ am / pm

**Lunch:** \_\_\_\_\_  
\_\_\_\_\_

Prep. Time: \_\_\_\_\_ am / pm

**Dinner:** \_\_\_\_\_  
\_\_\_\_\_

Prep. Time: \_\_\_\_\_ am / pm

4. Method of garbage storage and disposal (state number, size, location and frequency of emptying all waste containers - inside and outside):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE: ALL WASTE CONTAINERS MUST HAVE COVERS!  
PROPER GARBAGE HANDLING AND STORAGE IS A MAJOR  
COMPONENT OF PEST AVOIDANCE!\***

5. Method of insect and rodent control: \_\_\_\_\_  
\_\_\_\_\_

Location of screening, of self closing doors\_\_\_\_\_

Explain daily cleaning and storage methods for pest avoidance: \_\_\_\_\_  
\_\_\_\_\_

6. Type of beverages served (pressured system/bottle/can/handmade): \_\_\_\_\_

Is the soda system post-mix - has water inlet connection or pre-mix - has no water connection: \_\_\_\_\_

Is the coffee maker with inlet waterline or pour in: \_\_\_\_\_

Any other beverage systems? NO\_\_\_\_ YES \_\_\_\_; If so, explain \_\_\_\_\_  
\_\_\_\_\_

7. State location of beverage storage and/or system (show on floor plan):  
\_\_\_\_\_

**IF FOOD SERVICE ESTABLISHMENT IS NOT ON PUBLIC SEWAGE,  
PLEASE COMPLETE THE FOLLOWING**

- If you intend to use an existing septic system, you must complete the form below so the Clinton County Health Department (CCHD) can determine whether or not your proposed sewage treatment system is a new or replacement system.
- If a new system is intended, you must hire a New York State Licensed Engineer to design your sewage treatment system. All new systems must meet all the requirements of the Clinton County Sanitary Code, Article IX, Section 4; and NYSDEC Bulletin, Design Standards for Wastewater Treatment Works, 1988. You must do one of the following: A) If your Food Service Establishment produces more than 1,000 gallons of wastewater per day, you need to contact DEC at (518) 897-1200 for a SPDES Permit Application; **or** B) If your Food Service Establishment produces less than 1,000 gallons of wastewater per day, you need to continue with the following instructions.
- All sewage treatment system engineering plans for new or replacement septic systems must be reviewed and approved by CCHD prior to the septic system being installed. A CCHD representative must witness the deephole and percolation tests.
- Once installed, your design engineer must submit a "Letter of Completed Works" to CCHD certifying that the system was installed in accordance to his/her engineering plan prior to you using the sewage treatment system. **CCHD RESERVES THE RIGHT TO DO A FINAL INSPECTION ON YOUR SEWAGE TREATMENT SYSTEM.**

**NEW SEPTIC SYSTEM**

|   | YES | NO |
|---|-----|----|
| New construction on previously undeveloped property?  |     |    |
| New Certificate of Occupancy required by Town?        |     |    |
| Change in Size or Intended Usage:                     |     |    |
| A) Change from residential use to commercial use      |     |    |
| B) Addition of more seating, or increased water usage |     |    |
| C) Seasonal dwelling converted to year-round use      |     |    |
| Has lot been unoccupied for 5 years or more?          |     |    |

**REPLACEMENT SEPTIC SYSTEM**

|   | YES | NO |
|---|-----|----|
| Prior System:   |     |    |
| A) Was there a previous septic system installed on this lot?                      |     |    |
| B) Has it been in use for the past 5 years?                                       |     |    |
| C) Was it approved by the Clinton County Health Department?                       |     |    |
| Occupancy:  |     |    |
| A) Has lot been continuously occupied to present? (Town Codes Officer can verify) |     |    |
| B) Prior Certificate of Occupancy granted by Town Codes Officer?                  |     |    |

Year structure was built/ structure placed on lot \_\_\_\_\_  
 Year prior sewage system was installed \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **PUBLIC HEALTH SANITARIAN** \_\_\_\_\_  
**X** \_\_\_\_\_ **X** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

|   |   |
|---|---|
| <b>HEALTH DEPARTMENT USE ONLY</b>                         |   |
| <b>Based on the above criteria, the septic system is:</b> | <b>NEW</b> <b>REPLACEMENT</b><br>(CIRCLE ONE) |

## INSTRUCTIONS FOR FACILITY BASIC DATA

### A. General

1. Items 1-4  
**Who and where are you?** This information must be consistent with the permit application.
2. Detailed Location and Sketch (Items 5-6)  
**How do we get there?** Provide a reproduction of a section of a highway map or detailed drawing. The narrative section should be completed to supplement the sketch.

### B. Water Supply

1. Type of Water Supply  
**CWS**- Community Water System  
**Private** - Water system is for your food service only  
Check the appropriate box. If a Public Water Supply is the source, write in the name of the system and do not complete the remainder of the section, unless other sources serve the facility or are available.
2. Sources  
Indicate the number of wells, springs, etc.
3. Items 3-5  
Answer as indicated.
4. Schematic  
Draw a simplified flow diagram showing the pump, treatment equipment, storage tanks, water heaters, connection to distribution system, etc. Drawings, while not to scale should be accurate and reflect the sequence and indicate how all sources connect to the system.

### C. Sewage Treatment

1. Type  
If the facility is connected to a municipal system, indicate the name of the system and do not complete the remainder of this section unless on-site systems also exist.
2. Items 2-3  
Complete as indicated.
3. Schematic  
A flow schematic showing major components in the system in the sequence they are installed. Indicate capacities, sizes, lengths, etc. where appropriate.

# WATER SYSTEM APPROVAL APPLICATION INSTRUCTIONS

- You must disinfect your water supply!!
- You have 2 choices. Chlorination or Ultra Violet Light

If you choose Chlorination, complete the attached 4 page Application.....

If you choose Ultra Violet Light, you must have a raw water sample collected and tested by a certified laboratory for the parameters listed below. The results must be sent to the Clinton County Health Department for review and acceptance. If the results indicate that pretreatment is necessary, the proposal must also include additional information on the type of pretreatment proposed.

- 1.a. Raw and filtered water quality data, including microbiological data (total coliform, heterotrophic plate count), and the following inorganic and physical constituents:

| <b>PARAMETER</b>   | <b>UPPER GUIDANCE LEVELS</b> |
|--------------------|------------------------------|
| Iron               | 0.3 mg/L                     |
| Manganese          | 0.05 mg/L                    |
| Hardness (calcium) | 300 mg/L                     |
| Hydrogen Sulfide   | 1 mg/l                       |
| Turbidity          | 1 ntU                        |
| Color              | 15 APHA units                |
| Suspended solids   | 10 mg/l                      |
| UV Absorbance      | 0.155 cm -1 <b>or</b>        |
| UV transmittance   | 70%                          |

2. The proposal submitted to the Clinton County Health Department for approval must include the following:
- a. All the criteria detailed in the enclosed guideline, "Design Criteria for Ultraviolet Disinfection Units".

You must complete the attached 1 page Ultraviolet Light disinfection and attach test results.

## Formal Request

I request that this schematic for UltraViolet Disinfection and related information be accepted in lieu of plans prepared by a design professional. I certify that the aforementioned information is correct and accurate and the estimated cost of the project is less than \$5000. I agree to assume all responsibility for the disinfection system including hiring a design professional and replacement of the system if requested should the system fail to perform as required by Subpart 5-1 of the State Sanitary Code. I agree not to make changes to the proposed system without receiving prior approval from this office.

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

\_\_\_\_\_  
Owner/ Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/ Applicant Name (clearly printed)

\_\_\_\_\_  
Phone Number

Intake/Acceptance Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Review Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-op Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

# FACILITY BASIC DATA

## A. GENERAL INFORMATION

## 6. LOCATION

1. Facility Name \_\_\_\_\_
2. Facility Type \_\_\_\_\_
3. Street Address \_\_\_\_\_
4. T, V, C \_\_\_\_\_
5. Directions to Facility \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Completed by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Updated on \_\_\_/\_\_\_/\_\_\_ Initials \_\_\_\_\_

## B. WATER SUPPLY INFORMATION

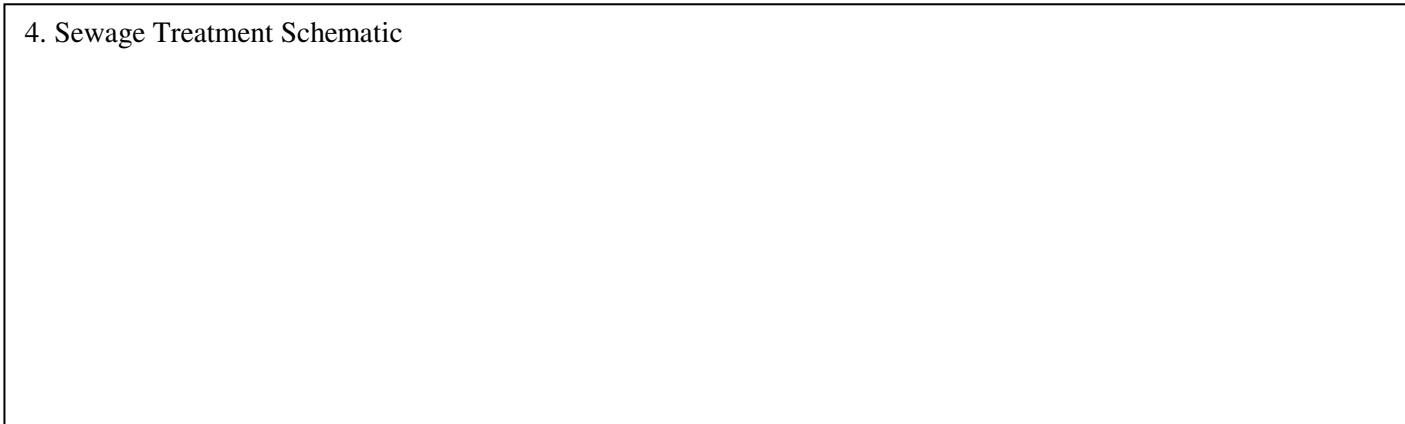
1. Type of Water Supply  **Community Water Supply** (Name) \_\_\_\_\_  **Private**
2. Sources (specify number by source) \_\_\_\_\_ Wells  
\_\_\_\_\_ Springs  
\_\_\_\_\_ Surface Supplies
3. Disinfection Provided  YES  NO
4. Disinfection Method  CHLORINATION  ULTRA VIOLET LIGHT
5. Are there any nonpotable water supplies?  YES  NO (If no, go to number 6)
  - a. How is the nonpotable water used? \_\_\_\_\_
  - b. Are they connected to the potable supply?  YES  NO
  - c. What type of backflow protection is provided? \_\_\_\_\_

## 6. Water Supply Schematic

**C. SEWAGE TREATMENT INFORMATION**

1. Type  On-site  Municipal (Name) \_\_\_\_\_ (Complete questions 2,3 and 4 only if private system is in use)
2. SPDES Permit required? Water usage  $\geq$  1,000 gallons /day  YES  NO
3. Specify the major component of the system in use \_\_\_\_\_

4. Sewage Treatment Schematic



**PROPERTY LAYOUT SKETCH**

YOUR ATTACHED FLOOR PLAN IS AN INSERT TO THIS DRAWING.

**Place** an arrow pointing north in the corner. **Show** all buildings associated with the food service, property lines, location of garbage storage, location of water supply into buildings and sewage treatment system components out of all buildings, roads and drive/walkways.

**Indicate** the distances from the nearest building to the following: water sources, sewage treatment components, fuel storage, water.

