

**BROOME COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
225 FRONT STREET  
BINGHAMTON, NY 13905  
(607) 778-2847**

**APPLICATION FOR FOOD SERVICE FACILITY FLOOR PLAN REVIEW  
\$100.00 FEE PAYABLE TO THE BROOME COUNTY HEALTH DEPARTMENT**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

Address of Operator: \_\_\_\_\_

Phone Number of Operator: \_\_\_\_\_

**Water Supply & Sewage System Information:**

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

\*Water Supply:    Public \_\_\_\_\_                      Private \_\_\_\_\_

*\*(If private sewage and is new construction, attach engineer plans.)*

*\*(If private water supply, attach well log and the following information: Type of well, type of pump, well depth, location of well, size of casing, etc...)*

**FLOOR PLANS MUST BE DRAWN TO SCALE**

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR FLOOR PLAN:**

New Construction \_\_\_\_\_      Remodel \_\_\_\_\_      Conversion \_\_\_\_\_      # of Seats \_\_\_\_\_

Show location of all equipment. All equipment must meet Subpart 14-1 requirements.

***(Note: Any dishwasher must be of a commercial type capable of sanitizing.)***

Walls, floors & ceilings covering material (must be smooth and easily cleanable).

Location of hand sink(s).

Location of mop sink.

Location of 3-bay sink (must be seamless with coved corners)

***(Note: Any food prep sink must have an indirect drain.)***

Type of ventilation system

Buffet bar (must have a sneeze guard installed).

Location of restrooms.

Overall layout of facility (kitchen, dining room, storage rooms, etc...).

Anticipated start date: \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_