

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

JAMES L. TOMARKEN, MD, MPH, MBA, MSW
Commissioner

FOOD ESTABLISHMENT PLAN REVIEW

Article 13 of the Suffolk County Sanitary Code requires the submission and approval of plans and applications prior to the building, remodeling or major renovation of a food service establishment. Cosmetic and certain "minor" renovations of an establishment that has been under permit to the Department within the past 2 years may require only a modified review of plans. Contact the Food Control Unit at 631-852-5999 for further information. Please review this material thoroughly before filing.

HOW THE PLAN REVIEW PROCESS WORKS.....

1. SUBMIT THE INFORMATION REQUESTED IN THIS PACKAGE TO THE **PLAN REVIEW UNIT**. DOCUMENTS PERTAINING TO SEWAGE REVIEW WILL BE FORWARDED TO THE **OFFICE OF WASTEWATER MANAGEMENT**. DIRECT ANY INQUIRIES REGARDING SEWAGE APPROVALS TO: 631-852-5700.
2. THE PLAN REVIEW UNIT WILL CONTACT YOU BY MAIL REGARDING DEFICIENCIES IN YOUR APPLICATION OR PLANS. IF THERE ARE NO DEFICIENCIES, AN APPROVAL TO CONSTRUCT IS ISSUED. PLEASE RESTRICT PHONE INQUIRIES TO CLARIFYING QUESTIONS ABOUT THE PLANS. CALLS ABOUT THE STATUS OF YOUR PLANS CAUSE DELAYS FOR EVERY APPLICANT IN THE PLAN REVIEW PROCESS.
3. UNDER CERTAIN CIRCUMSTANCES A *CONDITIONAL* APPROVAL TO CONSTRUCT IS GIVEN, WHEREBY THE PLAN REVIEW UNIT SPECIFIES ITEMS THAT MAY BE ADDRESSED DURING THE BUILDING OR REMODELING OF THE ESTABLISHMENT.
 - For establishments in areas with public sewers: a conditional approval to construct cannot be issued unless there exists documented approval of connection to a sewer district or documentation you have *applied* for such approval.
 - When sewers are not available, a conditional approval to construct cannot be issued unless there exists documented approval to use or modify the existing sewage disposal system or construct a new system.
4. A **PERMIT** TO OPERATE A FOOD SERVICE ESTABLISHMENT IS ISSUED AFTER A PRE-OPERATIONAL INSPECTION BY THE DEPARTMENT VERIFIES THAT CODE REQUIREMENTS HAVE BEEN MET, THE APPROPRIATE PERMIT FEE HAS BEEN PAID, *AND*:
 - For establishments in areas with public sewers: there exists documented proof of an approved connection to the sewer district.
 - When sewers are not available, there exists documented proof that the establishment is connected to an approved sewage disposal system.

PLANS ARE GENERALLY REVIEWED WITHIN FOUR WEEKS. THERE ARE NO "WALK-IN" PLAN REVIEWS. PLANS SHOULD BE FOLDED, NOT ROLLED. **CONSTRUCTION, RENOVATION AND/OR OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT PRIOR APPROVAL OF THIS DEPARTMENT IS A VIOLATION OF ARTICLE 13 OF THE SUFFOLK COUNTY SANITARY CODE AND WILL RESULT IN THE INITIATION OF LEGAL PROCEEDINGS.**

PLANS MAY BE MAILED OR BROUGHT TO:

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
PLAN REVIEW UNIT
360 YAPHANK AVE., SUITE 2A
YAPHANK, NY 11980



BUREAU OF PUBLIC HEALTH PROTECTION
360 Yaphank Avenue, Suite 2A, Yaphank NY 11980
(631) 852-5873 FAX (631) 852-5871

Unless otherwise directed, complete and return the following:

1. "Plan Review Application" and fee
2. "Food Establishment Permit Application" and permit fee (unless establishment presently has a Food Permit)
3. "Sewage Disposal Questionnaire" (complete the appropriate form for either sewers **or** cesspools)
4. "Water Heater Info Sheet"
5. Full Menu (may be a draft copy, but must show all proposed menu items)
6. Manufacturer's Cut Sheets for all equipment shown
7. Submit two copies of the proposed plan for all interior and exterior areas of the establishment. Plans shall be drafted by a **qualified person***, drawn to ¼ inch scale, and show the following:
 - Food preparation and service areas on all floors of the establishment; all food, utensil and garbage storage areas; all toilet facilities. Show and label storage areas for dry and canned goods, beverages, paper products, single service items, cleansers and sanitizers, and tableware. Show seating areas, dressing and laundry facilities.
 - Size, location and type of all equipment including, but not limited to: cooking equipment, hoods, sinks, refrigerators, work tables, shelving, dishwashers, food protection devices, steam tables, kettles, etc. Equipment must be NSF-approved; manufacturer's "cut sheets", numbered to match the plans submitted, are required.
 - All exposed overhead waste lines, including roof drains that enter the building, shall be clearly marked.
 - A flat line riser diagram (follow enclosed instructions) showing method of waste line connection to all food equipment.
 - Location, storage capacity and input (BTU/Hr. or KW/Hr.) of water heater. See enclosed "Water Heater Info Sheet".

***It is strongly recommended you consult a design professional, architect or engineer. Plans that are incomplete, not to scale, illegible or otherwise indicate that the drafter is not sufficiently qualified will be rejected and the Department will require that subsequent plans be drafted by a qualified professional. Refer to the enclosed sample plan showing the typical detail required.**

SEWAGE DISPOSAL REQUIREMENTS

A permit to operate cannot be issued without proof of connection to an approved sewage disposal system. In order to help expedite your application a "Sewage Disposal Questionnaire" has been included with this package. Review and complete this form *carefully* as it may direct you to submit additional documentation, either to this office or to the Office of Wastewater Management for review.

It is recommended that the following list of requirements be reviewed during the process of drafting plans for your new or remodeled food establishment.

- Sufficient **commercial refrigeration** equipment to maintain foods below 41°F. Where used, freezer equipment to hold foods below 0°F and hot holding equipment to maintain foods above 140°F. Thermometers must be accurate to within 2°F.
- A commercial **water heater** of suitable size to meet peak demand and storage requirements. (See enclosed water heater info sheet). Water heater shall supply food service equipment exclusively.
- A commercial grade **three compartment sink**, with dual drainboards, suitable in size and depth for immersion of largest kitchen utensils. One drainboard and an overhead drying rack are permissible. Indirect drain connections for each compartment of this sink are required.
- Designated **hand wash sinks** in close proximity (12-15 feet), visible in direct line of sight, accessible with unobstructed access, and at least 26" above the floor. Dispensed soap and hand drying facilities are required. Side splash guards may be required.
- Segregated area for a **mop sink** and drying rack. This sink shall be a minimum of three feet from food operations or a separating barrier shall be installed. Floor-mounted janitor sinks are recommended. In multi-floor establishments, a mop sink is required on all floors on which food preparation occurs.
- For establishments with patron multi-use utensils, adequate **mechanical dishwashing** facilities with two drainboard(s).
- Grease and condensate producing equipment shall be **hooded** (min. 6" overhang) and vented to the outside and provided with serviceable grease filters. Pizza ovens shall be heat vented.
- Sufficient ventilation to keep all rooms free of excessive heat, steam, odors, and fumes. **Suffolk County law requires all food service establishments and taverns to be smoke-free.**
- **Toilet facilities** shall be easily accessible from the interior of the establishment. Toilets shall be provided to patrons where on-premises food consumption is provided. Patrons may not gain access to toilets by passing through food preparation, food storage, or utensil washing areas. Toilets must be mechanically vented, have sinks with mixing valves, dispensed soap, hand-drying facilities and self-closing doors. (Note: It would be advisable to plan for patron toilet(s) if considering applying for future on-premise food consumption.)
- **Lighting** in food service, preparation, and storage areas shall be shatter-proof or suitably shielded against breakage.
- **Adequate storage** areas for tableware, utensils, dry and canned food, paper products, single-service items, beverages, and cleansers shall be provided and clearly labeled on plans. Storage shall be a minimum of 6" off the floor. No storage (or any food preparation) is allowed under exposed waste or drain lines.
- **Floors** in food prep, food storage, and toilet areas shall be smooth, durable, and easily cleanable. Floor to wall joints are to be coved. Floor drains may be necessary in areas subjected to flood cleaning or liquid wastes. **Walls** shall be easily cleanable, non-absorbent, light-colored and have no open cracks. **Ceilings** shall be finished so as to provide a non-absorbent, easily cleanable surface.
- Establishment shall be constructed to be **insect and rodent-proof**.

- Exterior **garbage storage** areas shall have a smooth concrete, asphalt or similar surface and must be shown on the plans.
- **Food service equipment:** Shall meet National Sanitation Foundation (NSF) standards or similar. Shall be installed to facilitate cleaning. Floor-mounted equipment shall be installed to allow for adequate aisles and working spaces. Surfaces of work tables, shelves, etc. shall be smooth, durable, and easily cleanable.
- **Dipper-well(s)** with indirect drain connection(s) are required if bulk ice cream and/or ices are served.
- **Displayed food** shall be protected against contamination by the installation of counter protection devices, cabinets, display cases or similar protective equipment. **Specialty pizzas, calzones, and any other potentially hazardous displayed food require display refrigeration.**
- **Drains** from refrigerators, cooking kettles, hot and cold food tables, food preparation sinks, dipper wells, steam tables, soda tower drains or similar equipment shall be indirectly (air gap) connected to waste lines (See riser diagram).
- **Water supply** and equipment connected thereto shall be installed in a manner as to preclude the possibility of back-flow. Carbonated beverage dispensers connected to the water supply shall have a vented double-check valve on the water inlet side of the carbonating canister.
- Adequate facilities must be provided for **storage of employees' clothing and belongings**. Where employees change clothes within the establishment, designated **dressing areas** shall be located outside the food prep, storage, and service areas. Provide the number of employees per shift.
- A **mechanical glasswasher** or commercial dishwasher and 3 compartment sink(s) are required at **bars** where multi-use glassware is used.
- The sewage disposal system shall meet the requirements of the Office of Wastewater Management.
- In establishments preparing potentially hazardous foods, a separate food preparation sink is recommended and the three compartment sink should be used exclusively for warewashing.
- There shall be no access by the public to food/beverage preparation, food/beverage storage, or warewashing areas.
- Any on-site **laundry facilities** shall be protected from contamination and located where there is no exposed food, clean equipment, utensils and linens and unwrapped single-use articles. Laundering is restricted to items used in the operation of the establishment.
- Submit a detailed **menu** that describes all items offered at each meal. Describe expected number of meals served per day.
- If your menu indicates the availability of catering, either on or off-premises, submit a description of the scope of your catering activities.
- Premises with a valid permit that are **remodeling** must provide an updated menu and plans of the entire establishment. If minor changes are planned (addition of a bar, seating increase, addition of a toilet room, etc.) provide plans stating "existing kitchen (no changes)". Show all changes in detail on the submitted plan and provide a letter explaining the changes.

PLUMBING REQUIREMENTS IN FOOD SERVICE ESTABLISHMENTS

To prevent the possibility of food contamination, a direct connection may not exist between a sewage (waste plumbing) system and any drains originating from equipment in which food, portable equipment or utensils are placed. This includes, but is not necessarily limited to, the following equipment:

STEAM TABLES
DIPPER WELLS
COOKING KETTLES
CONDENSER COIL DRAINS

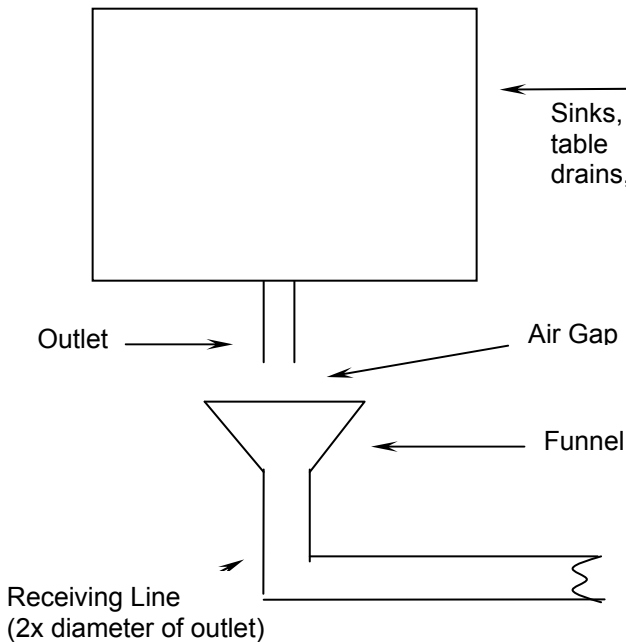
ICE MACHINES/BINS
SODA TOWER DRAINS
WALK-IN FLOOR DRAINS
KITCHEN AND BAR 3-COMPARTMENT SINKS

FOOD PREP SINKS
COFFEE URN DRAINS
DISHWASHERS

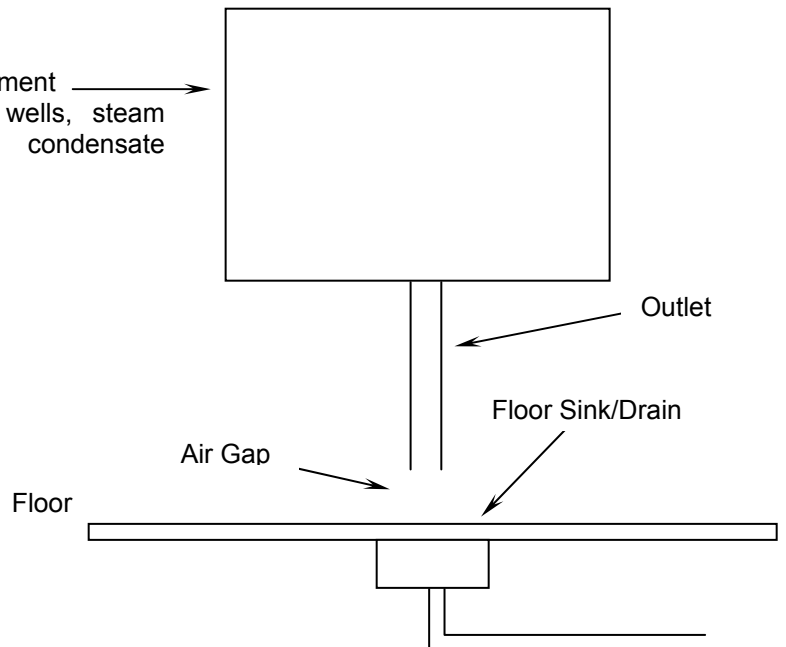
Hand wash sinks and mop sinks shall be directly connected to waste plumbing

For equipment requiring indirect drains there are two approved plumbing methods*:

METHOD 1



METHOD 2



*Dishwashers may be directly connected if the waste outlet is connected within 5 feet of the inlet side of a properly vented floor drain trap. Consult a plumber regarding this type of connection.

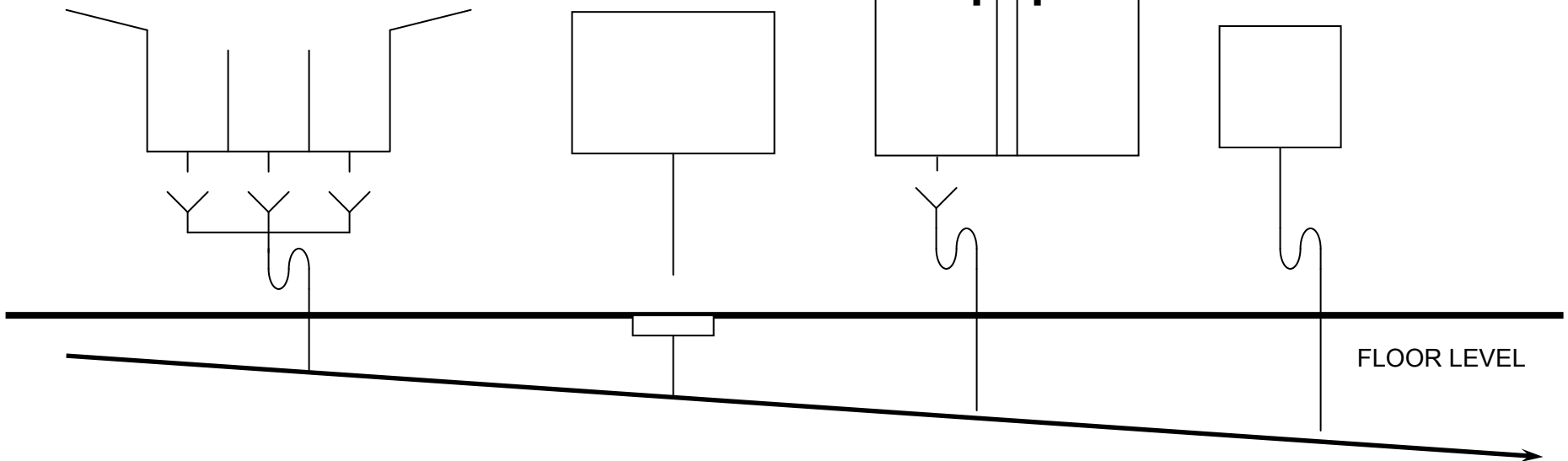
EXAMPLE OF A TYPICAL PLUMBING RISER DIAGRAM

CONDENSATE DRAIN LINE
FROM FREEZER, WALK-IN,
REFRIGERATOR, ETC.

THREE COMPARTMENT SINK
(NOTE THAT **EACH** COMPARTMENT
REQUIRES A SEPARATE INDIRECT
CONNECTION)

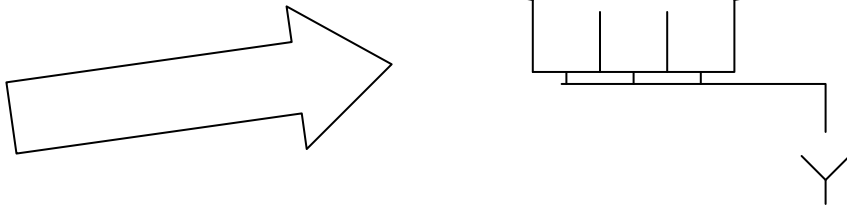
STEAM TABLE, ICE
MAKER, DIPPER WELL,
ETC.

HAND SINK, MOP SINK



THE MANIFOLDED INDIRECT
CONNECTION SHOWN HERE IS **NOT**
ACCEPTABLE

TO APPROVED SEWAGE DISPOSAL SYSTEM



SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
 PLAN REVIEW UNIT
FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

1. Name of Establishment: _____ Phone No. _____

2. Address of Establishment: _____
Street Town Zip Code

3. Name of Operator: _____ Phone No. _____

4. Address of Operator: _____
Street Town Zip Code

5. Architect, Engineer or Food Consultant: _____ Phone No. _____
 Street: _____ Town: _____ Zip Code: _____

6. Email address of plan review contact: _____

7. Type of Operation (check all that apply):

- Restaurant (with seating)
 Restaurant (without seating)
 Delicatessen
 Tavern
 Bakery
 Off Premise Caterer
 Depot w/o Food Preparation
 In-Home Caterer
 School
 Soup Kitchen
 Vending Machine
 Senior Nutrition
 Commissary
 Day Care
 Party Room
 Staffed Vending
 Frozen Dessert
 Other (please describe): _____

8. Type of Construction: New Renovation Conversion to New Use

9. Describe Proposed Construction: _____

10. Is Single Service Tableware Used Exclusively?: Yes No
 If you answered "NO" enter the make/model of dishwasher here (required): _____

11. Submit a Printed Menu. Plan review cannot proceed without a menu review.

12. Identify *surface* finishes below. Note that only durable, smooth and cleanable surfaces are acceptable.

AREA	CEILING	FLOOR	WALLS
KITCHEN ➤			
STORAGE AREA ➤			
BASEMENT ➤			

13. Proposed Water Heater: Make _____ Storage (gal) _____ Input _____ BTU/H
The enclosed "Water Heater Information Sheet" must also be completed. KW/H

14. Is There a Basement That Is Used for Any Food Related Activities? Yes No

Are There Any Additional Floors Above Any Food Related Areas? Yes No

Are There Any Exposed Waste Lines or Roof Drains Above Any Food Related Areas? Yes No

If "YES" to any questions in #14, submit detailed plan showing relationship of all exposed overhead waste lines to food related areas.

15. Intended Total Seating: _____ 16. Public Water? Yes No (If "No", submit lab analysis)

17. Waste (sewage) Disposal System: Public (Sewers) Private (cesspools/leaching fields)

The "Sewage Disposal Questionnaire" appropriate for the type of waste system must also be completed.

18. Tax Map Number: District _____ Section _____ Block _____ Lot _____

TWO SETS of scaled plans (1/4 in. = 1 ft.) must accompany this application

YOUR SIGNATURE _____ TITLE _____ DATE _____

PLAN REVIEW FEE SCHEDULE	
TYPE OF ESTABLISHMENT	FEE
0 – 16 seats, Off-Premises Caterer	\$200
17 – 49 seats, Limited/Mobile Establishments	\$215
50 – 100 seats	\$300
101 – 200 seats	\$410
201 + seats	\$560
Non-Profit	No Fee

FOR OFFICE USE ONLY

PLAN APPROVED BY: _____ DATE: _____

**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
FOOD ESTABLISHMENT PERMIT APPLICATION**

<p align="center">For Office Use only</p> <p><input type="checkbox"/> New <input type="checkbox"/> Change</p>	<p align="center">ANNUAL FEE</p> <p>\$ _____</p>	<p>For Office Use Only</p> <p>[] Classification Code</p> <p>[, , ,] Conditions</p> <p>[/ /] Issue Date</p> <p>[] Establishment I.D.</p> <p>Approved by _____</p>
<p align="center">IMPORTANT</p> <p>Complete both sides of the application and submit at least thirty (30) days before anticipated operation. Processing may be delayed if it is incomplete or illegible. Note: A preoperational permit-issuing inspection may be required before operating. Submission and approval of plans by the Food Control Unit is <u>required</u> if the establishment is new or remodeled.</p>		
PLEASE PRINT		USE BLACK INK ONLY

1. Name of Establishment (D\B\A)*: _____

Street _____

City _____ Zip Code: | | | | | Phone No. () -

2. Type of Ownership: Individual Corporation Non-Profit Partnership LLC (Submit proof of type of ownership)

3. New York State Certificate of Authority Number (Sales Tax No.): | | | | | | | | | | | | | | | | | | | | | |

A copy of your Certificate of Authority to Collect Sales Tax must be submitted with this application.

4. Billing Address of Owner/Corporation: (Note: Permit renewal notifications will be sent to this address!)

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

Email address _____

5. Personal Mailing Address of Person Signing Application*:

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

6. Corporation, LLC or Partnership Name and Mailing Address:

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

7. Type of Establishment: (Check the appropriate box)

Restaurant (With seating) Restaurant (Without seating) Delicatessen Tavern Bakery Off-premise Caterer

Depot w/o Food Preparation In-Home Caterer School SED Summer Feeding Soup Kitchen Senior Nutrition

Vending Machine Commissary Party Room Staffed Vending Frozen Dessert Other

8. Water Supply: Well Water Public Water **9. Waste Disposal System:** Public (Sewers) Private (Cesspools/leaching fields)

10. Seats Provided: Yes No **Number of Seats** _____

11. Tax Map Number: District _____ Section _____ Block _____ Lot _____

The applicant hereby agrees to operate the food establishment described above in compliance with the requirements of the New York State and Suffolk County Sanitary Codes and hereby authorizes officials of the Suffolk County Department of Health Services to inspect any and all premises and take samples of food therefrom for laboratory testing.

Signature _____

Print Name _____

Title _____ Date _____

FOR OFFICE USE ONLY

*The application must be signed by an officer of the corporation, partner or owner (See Item #5 above). The D/B/A must be completed before a permit may be processed.
(See reverse for Instructions, Fee Schedule and Insurance Information)

SCHEDULE OF FOOD PERMIT FEES		ANNUAL FEE
TYPE OF ESTABLISHMENT		
Tavern (No Food)..		\$ 375
Bakery.		\$ 375
Delicatessen.		\$ 375
Frozen Dessert		\$ 375
Off Premises Caterer.		\$ 375
In Home Caterer (Contract Chef)		\$ 115
Food Service: 0 to 16 Seats.		\$ 375
17 to 49 Seats.		\$ 400
50 to 100 Seats.		\$ 560
101 to 200 Seats.		\$ 770
201 + Seats.		\$1,060
Food Commissary.		\$ 670
School w/ Outside Caterer.		\$ 455
Party Room, Staffed Vending Location.		\$ 185
Depot w/o Food Preparation		\$ 375
Non-Profit, Vending Machine Location (Non-profit attach copy of Tax Exempt form)		No Fee

SUBMIT THE COMPLETED APPLICATION AND A CHECK OR MONEY ORDER PAYABLE TO:
THE COMMISSIONER OF HEALTH SERVICES
(Visa/Master Card also accepted)

CHANGES OF OWNERSHIP:

Previous Name of Establishment _____
Previous Establishment Food Permit Number _____

REQUIRED INSURANCE INFORMATION:

Disability Insurance No. _____ Company Name _____
Workers Comp. Insurance No. _____ Company Name _____

NYS Workers Compensation Law requires that applicants submit proof of possession of Workers' Compensation and Disability Insurance coverage or an approved waiver (Form CE-200) if coverage is not provided. Contact the New York State Workers Compensation Board for requirements and applicability at 1-866-805-3630 or online at <http://www.wcb.ny.gov/>.

- The following forms **must** be provided:
- Workers' Compensation – Form C-105.2 **OR** Form U-26.3 **OR** Form SI-12 **OR** Form GSI-105.2
 - Disability Benefits – Form DB-120.1 **OR** Form DB-155

INSTRUCTIONS

- Item #3.** Failure to submit this information may result in formal enforcement action. The New York State Department of Taxation and Finance can be reached at 1-518-457-5342 or online at <http://www.tax.ny.gov/>.
- Item #4.** Provide a permanent or year-round address to ensure receipt of your renewal application. If the renewal application is undeliverable, it may cause delays in re-opening your seasonal establishment, or continuing your year-round business.

Return the completed application with your check or money order to the address listed below:



Suffolk County Department of Health Services
Food Control Unit, Suite 2A
360 Yaphank Avenue
Yaphank, NY 11980
<http://www.suffolkcountyny.gov/Departments/HealthServices.aspx>
Questions?: Call (631) 852-5999 or 852-5873

WATER HEATER INFO SHEET

TO EXPEDITE THE PLAN APPLICATION PROCESS IT IS IMPORTANT THAT YOU CHECK ALL THAT APPLY FOR THE PLAN SUBMITTED. ANSWER ALL APPLICABLE QUESTIONS. THE DEPARTMENT WILL CALCULATE THE HOT WATER DEMAND FOR YOUR ESTABLISHMENT AND NOTIFY YOU IF THE WATER HEATER YOU PROPOSE IS INADEQUATE.

THREE COMPARTMENT POT WASH SINK(S)

Provide the **interior** length, width and depth of **one** typical **basin** of this sink. (Example: 21 x 18 x 14)
An extra line is provided if you have a second three compartment **pot wash** sink.

Length _____ Width _____ Depth _____

Length _____ Width _____ Depth _____

HAND WASH SINK(S) (Do not count bathroom sinks) How Many? _____

BATHROOM HAND SINK(S) How Many? _____

THREE COMPARTMENT BAR SINK(S) How Many? _____

DISHWASHER
Make _____ Model _____ If known, racks per hour _____

PRE- RINSE SPRAY UNIT (Only if installed at dishwasher)

OTHER FOOD SERVICE EQUIPMENT THAT USES FIVE OR MORE GALLONS OF HOT WATER IN AN HOUR'S USE

Type of equipment _____
Estimated hot water use in gallon per hour _____

FOR EACH WATER HEATER PROPOSED, PROVIDE THE FOLLOWING:

MAKE (1) _____ (2) _____

MODEL (1) _____ (2) _____

STORAGE SIZE, IN GALLONS (1) _____ (2) _____

INPUT in BTUH or KW (1) _____ (2) _____

TYPE of CONNECTION for MULTIPLE HEATERS (1) PARALLEL (2) SERIES

Water heater(s) shall be shown on plan. Explain below if multiple water heaters service different equipment. Instantaneous water heaters (zero storage) are generally unacceptable.
Water heater(s) shall be commercial grade and dedicated to supply the food service establishment.
Water heaters plumbed in parallel or in series may be acceptable. Storage tanks that are indirectly supplied heat by a boiler require information on the boiler input (BTUH or KW) and the storage tank size, in gallons.

IMPORTANT NOTE: DO NOT INSTALL ANY WATER HEATER NOT SPECIFICALLY APPROVED BY THE DEPARTMENT.

WATER HEATER CALCULATION WORKSHEET

NAME OF ESTABLISHMENT:

DATE:

FIXTURE TYPE	DEMAND USAGE IN GAL/HOUR		NUMBER OF FIXTURES		SUB TOTAL DEMAND USAGE		STORAGE GALLONS REQUIRED
BATHROOM HAND SINKS	2	X		=			NONE
WASHING MACHINE	22	X		=			NONE
SHOWER	15	X		=		=	NONE (UNLESS A TUB IS INCLUDED)
3 COMPARTMENT SINK (16 X 21 X 14)	45	X		=		=	
3 COMPARTMENT BAR SINK	20	X		=		=	
IF POT SINK HAS COMPARTMENT SIZES SIGNIFICANTLY DIFFERENT THAN THE EXAMPLES NOTED ABOVE ENTER DIMENSIONS HERE:	ENTER 75% FULL CAPACITY OF SINK	X		=		=	
HAND WASH SINKS (not bathroom)	5	X		=			NONE
DISHWASHER MAKE: MODEL:	ENTER 75% FINAL RINSE	X		=		=	NONE (UNLESS MANUFACTURER STATES AMOUNT)
FINAL RINSE IN GAL./HR.							
PRE-RINSE SPRAY UNIT (at dishwasher)	45	X		=		=	NONE
OTHER EQUIP. (SPECIFY)		X		=		=	
SUM:						SUM:	

The first step in calculating **storage capacity** and **recovery rate** for a water heater is to determine what equipment and fixtures require hot water. (See above table)

Water heater **storage capacity** is simply the total gallonage of equipment holding hot water as determined from the sum of last column of the above table.

Water heater recovery rate required for an oil or gas fired heater =

Demand usage (from above table) x 1100 BTU's/gal. = BTU's/Hr. input

Water heater recovery rate required for a commercial electric water heater =

Demand usage (from above table) x 0.25 Kilowatts/gal. = KW/Hr. input

PROPOSED: STORAGE SIZE GAL. RECOVERY RATE BTU/H OR KW/H

REQUIRED: STORAGE SIZE GAL. RECOVERY RATE BTU/H OR KW/H

COMMENTS: _____

SEWAGE DISPOSAL QUESTIONNAIRE
SEPTIC TANKS AND LEACHING FIELDS

COMPLETE AND RETURN *THIS FORM* TO THE PLAN REVIEW/FOOD UNIT IF YOUR ESTABLISHMENT IS OR WILL BE CONNECTED TO A SEPTIC TANK OR LEACHING FIELD.

*The following information concerning your establishment shall, in part, be used to determine the need for further review of your sewage disposal system. Please be advised that incompleteness or inaccuracies may result in a **significant** delay in processing your application.*

NAME OF APPLICANT _____ PHONE _____

ADDRESS OF APPLICANT _____

NAME OF ESTABLISHMENT _____ PHONE _____

ADDRESS _____

NAME OF PROPERTY OWNER _____

ADDRESS OF PROPERTY OWNER _____

TAX MAP NUMBER: DISTRICT _____ SECTION _____ BLOCK _____ LOT _____

PHYSICAL LOCATION (such as north/south side of street, east/west of nearest cross street) _____

DID THIS BUILDING EVER HAVE A SUFFOLK COUNTY FOOD PERMIT? YES NO (CHECK ONE)
IF YES, PROVIDE PERMIT I.D. NUMBER _____ YES

HAVE YOU MADE AN APPLICATION TO THE HEALTH DEPT'S OFFICE OF WASTEWATER MANAGEMENT? NO
IF KNOWN, PROVIDE THEIR REFERENCE NUMBER FOR YOUR APPLICATION: _____

PRIOR NAME, IF ANY, OF PREMISES _____

PRIOR USE (*example: deli*) _____ **DATE LAST OPENED FOR BUSINESS** _____

PRIOR SEATING: RESTAURANT _____ CATERING _____ BAR _____ OUTDOOR _____

PROPOSED SEATING: RESTAURANT _____ CATERING _____ BAR _____ OUTDOOR _____

IMPORTANT: A SKETCH OF ALL BUILDINGS ON SITE MUST EITHER BE ATTACHED TO, OR DRAWN ON THE BACK OF THIS FORM, WITH TENANT NAMES, FLOOR AREAS AND SEATING (IF ANY), IN EACH TENANT SPACE

1) DOES YOUR PLAN REVIEW APPLICATION INVOLVE CONSTRUCTION OF A NEW BUILDING OR AN ADDITION TO AN EXISTING BUILDING? YES NO (CHECK ONE)

2) ARE YOU PROPOSING TO REMODEL OR OCCUPY A PREVIOUS FOOD ESTABLISHMENT, WHICH HAS BEEN OUT OF BUSINESS FOR MORE THAN TWO YEARS? YES NO (CHECK ONE)

3) ARE YOU PROPOSING TO INCREASE THE NUMBER OF SEATS TO BE USED FOR FOOD OR BEVERAGE SERVICE OR PROPOSING TO CONVERT A STORE TO NEW USAGE AS A FOOD OR BEVERAGE OPERATION? YES NO (CHECK ONE)

IF YOU ANSWERED "YES" TO QUESTIONS 1, 2, OR 3 ABOVE, YOU CAN GREATLY EXPEDITE THE REQUIRED SEWAGE REVIEW PORTION OF YOUR APPLICATION BY FILING A COMMERCIAL APPLICATION WITH THE OFFICE OF WASTEWATER MANAGEMENT (USE FORM WWM-004). REFER TO THE INSTRUCTIONS ON FORM WWM-003, SECTION A OR C, AND SUBMIT THE COMPLETE COMMERCIAL APPLICATION PACKAGE TO THE OFFICE OF WASTEWATER MANAGEMENT FOR REVIEW AND APPROVAL OF THE EXISTING AND/OR PROPOSED WATER & SANITARY FACILITIES.

Signature of Applicant _____ **Date:** _____

Name (Print) _____

Signature of Property Owner _____ **Date:** _____

Name (Print) _____

For Department Use Only:

Highest permitted seating at this location _____

(Attach copies of permits showing most recent and highest approved seating at this location)

SEWAGE DISPOSAL QUESTIONNAIRE
SEWERS

COMPLETE AND RETURN *THIS FORM* TO THE PLAN REVIEW/FOOD UNIT IF YOUR ESTABLISHMENT IS SERVICED BY A SEWER DISTRICT OR A SEWAGE TREATMENT PLANT.

(CIRCLE YOUR ESTABLISHMENT DISTRICT)

HUNTINGTON PATCHOGUE RIVERHEAD NORTHPORT OCEAN BEACH GREENPORT
SAG HARBOR SUFFOLK COUNTY SEWER DISTRICT (DPW) OTHER _____

*The following information concerning your establishment shall, in part, be used to determine the need for further review of your sewer system design. Please be advised that incompleteness or inaccuracies may result in a **significant** delay in processing your application.*

NAME OF APPLICANT _____ PHONE _____

ADDRESS OF APPLICANT _____

NAME OF ESTABLISHMENT _____ PHONE _____

ADDRESS _____

NAME OF PROPERTY OWNER _____

ADDRESS OF PROPERTY OWNER _____

TAX MAP NUMBER: DISTRICT _____ SECTION _____ BLOCK _____ LOT _____

PHYSICAL LOCATION (such as north/south side of street, east/west of nearest cross street) _____

DOES THE ESTABLISHMENT HAVE A SUFFOLK COUNTY FOOD PERMIT? YES NO (CHECK ONE)
IF YES, PROVIDE PERMIT I.D. NUMBER _____ YES

HAVE YOU MADE AN APPLICATION TO THE HEALTH DEPT'S OFFICE OF WASTEWATER MANAGEMENT? NO
IF KNOWN, PROVIDE THEIR REFERENCE NUMBER FOR YOUR APPLICATION: _____

PRIOR NAME, IF ANY, OF PREMISES _____

PRIOR USE (example: deli) _____ DATE LAST OPENED FOR BUSINESS _____

PRIOR SEATING: RESTAURANT _____ CATERING _____ BAR _____ OUTDOOR _____

PROPOSED SEATING: RESTAURANT _____ CATERING _____ BAR _____ OUTDOOR _____

IMPORTANT: ATTACH AND RETURN DOCUMENTATION (S-9 FORM OR EQUIVALENT) FROM THE SEWER DISTRICT SHOWING PROOF OF SEWER CONNECTION (OR APPLICATION TO CONNECT) FOR THE PROPOSED USE OF THE PREMISES AS A FOOD ESTABLISHMENT.

DOES YOUR PLAN REVIEW APPLICATION INVOLVE CONSTRUCTION OF A NEW BUILDING OR AN ADDITION TO AN EXISTING BUILDING? YES NO (CHECK ONE)

IF YOU ANSWERED "YES", YOU CAN GREATLY EXPEDITE THE REQUIRED SEWAGE REVIEW PORTION OF YOUR APPLICATION BY FILING A COMMERCIAL APPLICATION WITH THE OFFICE OF WASTEWATER MANAGEMENT (USE FORM WWM-004). REFER TO THE INSTRUCTIONS ON FORM WWM-003, SECTION B, AND SUBMIT THE COMPLETE COMMERCIAL APPLICATION PACKAGE TO THE OFFICE OF WASTEWATER MANAGEMENT FOR REVIEW AND APPROVAL OF THE EXISTING AND/OR PROPOSED WATER & SANITARY FACILITIES.

Signature of Applicant _____ Date: _____

Name (Print) _____

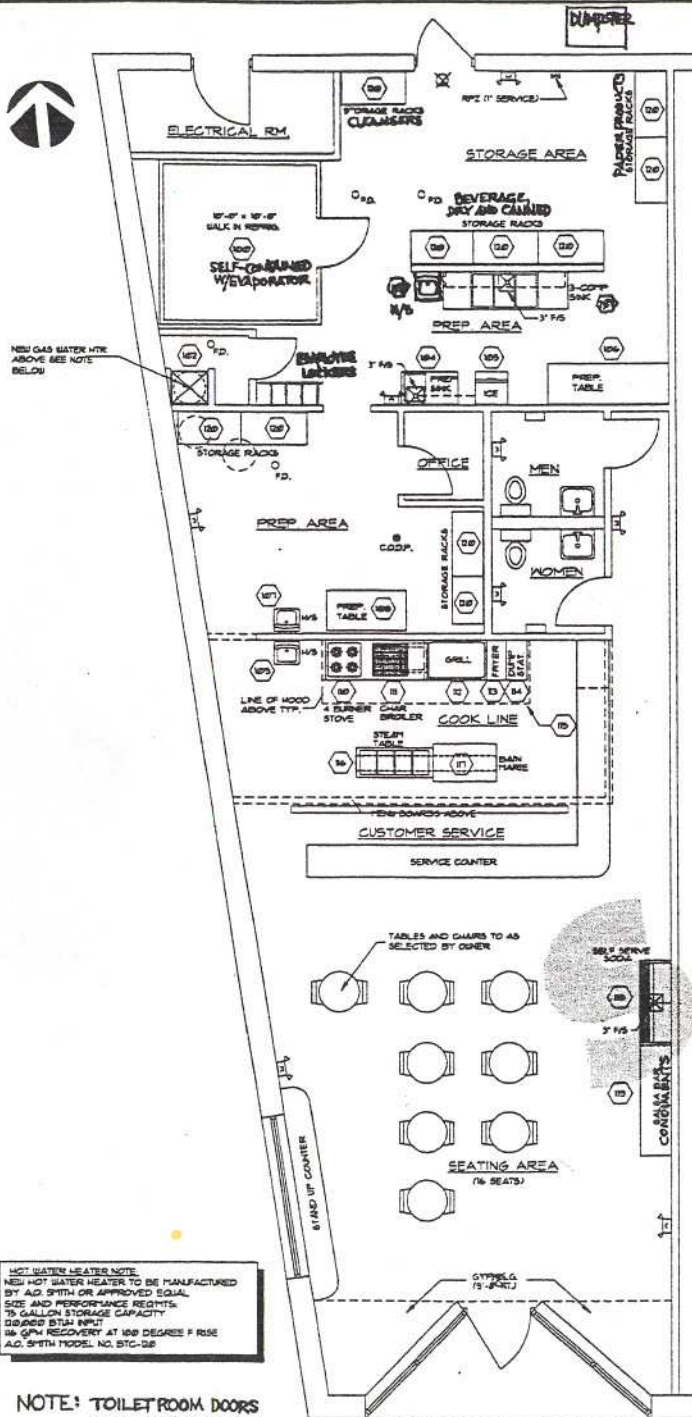
Signature of Property Owner _____ Date: _____

Name (Print) _____

For Department Use Only:

Highest permitted seating at this location _____

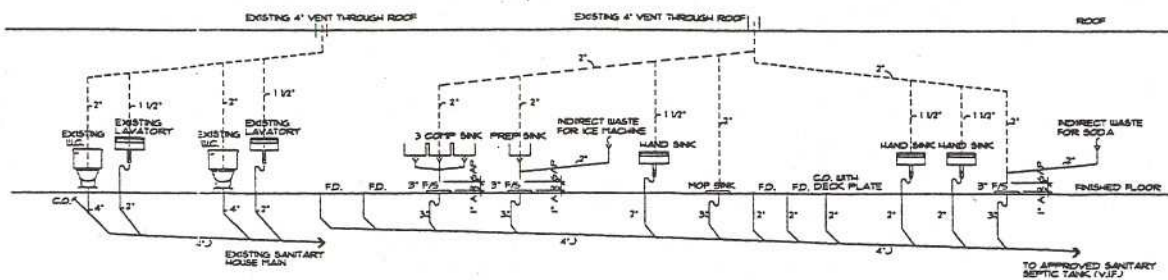
(Attach copies of permits showing most recent and highest approved seating at this location)



HOT WATER HEATER NOTE
 HOT WATER HEATER TO BE MANUFACTURED BY A.O. SMITH OR APPROVED EQUAL. SIZE AND PERFORMANCE RIGHTS: 75 GALLON STORAGE CAPACITY, 30,000 BTU/H INPUT, 90% EFFICIENCY AT 100 DEGREE F RISE, A.O. SMITH MODEL NO. 57C-28.

NOTE: TOILET ROOM DOORS TO BE SELF-CLOSING

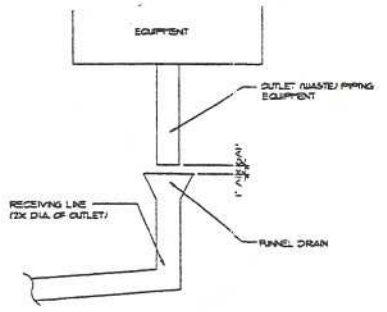
EQUIPMENT PLAN



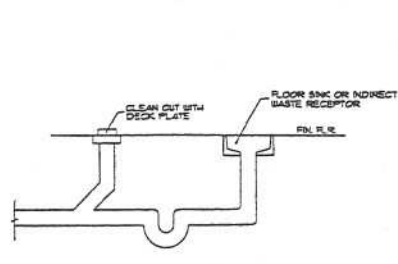
PLUMBING RISER DIAGRAM

EQUIPMENT SCHEDULE

NO.	DESCRIPTION	HIG.	CG.	WASTE		ELECTRICAL	GAS	DESCRIPTION
				DIRECT	INDIRECT			
100	BALK-IN REFRIGERATOR				3/8"			O.C. TO CONFIRM ELECTRIC REQUIREMENTS WITH MANUFACTURER. CONDENSATE DRAIN TO BE PIPED TO ADJACENT PROP SINK.
101	3 COMPARTMENT SINK	1/2"	1/2"		1 1/2"			WITH DUAL DRAIN BOARDS (FACTORY INSTALLED). PROVIDE INDIRECT DRAIN FOR EACH SINK COMPARTMENT. EXISTING PROP SINK TO BE CLEANED AND SANITIZED AS REQUIRED. PROVIDE NEW TOP SINK AS REQUIRED.
102	PROP SINK	EX.	EX.	EX.				CONNECT TO EXISTING SUPPLY AND WASTE ROUGH-INS. PROVIDE SOAP & PAPER TOWEL DISPENSERS.
104	PREP SINK	1/2"	1/2"		1 1/2"			CONNECT TO EXISTING SUPPLY AND WASTE ROUGH-INS.
105	ICE MACHINE	3/8"			3/8"			VERIFY REQUIREMENTS WITH MANUFACTURER.
106	PREP TABLE							STAINLESS STEEL.
107	HAND SINK	1/2"	1/2"	1-2"				CONNECT TO EXISTING SUPPLY AND WASTE ROUGH-INS. PROVIDE SOAP & PAPER TOWEL DISPENSERS.
108	PREP TABLE							STAINLESS STEEL.
109	HAND SINK	1/2"	1/2"	1-2"				1/2" C.I. 1/2" HIL 2" WASTE. PROVIDE SOAP & PAPER TOWEL DISPENSERS.
110	1/4 BURNER GAS STOVE							VERIFY GAS AND ELECTRIC REQUIREMENTS WITH OWNER.
11	1/4 BURNER GAS STOVE							VERIFY GAS AND ELECTRIC REQUIREMENTS WITH OWNER.
12	GRILL							VERIFY GAS AND ELECTRIC REQUIREMENTS WITH OWNER.
13	DEEP Fryer							VERIFY GAS AND ELECTRIC REQUIREMENTS WITH OWNER.
14	DRIP STATION							STAINLESS STEEL.
15	EXHAUST HOOD							CUSTOM BY OTHERS.
16	STEAM TABLE							SELF-CONTAINED UNIT - VERIFY ELECTRIC REQUIREMENTS WITH OWNER.
17	BAKE MARNE							VERIFY ELECTRIC REQUIREMENTS WITH OWNER.
18	SELF-SERVE SODA	1/2"			3/8"			DRAIN TO EXISTING FLOOR SINK BELOW; CAPABLE DISPENSERS.
19	SALSA BAR							CUSTOM; CONDIMENT DISPENSERS.
20	STORAGE RACKS							STAINLESS STEEL, WITH BASE DRAINAGE AS SELECTED BY OWNER.



INDIRECT WASTE DETAIL



RUNNING TRAP DETAIL

ELECTRICAL NOTES

- THE ENTIRE ELECTRICAL INSTALLATION SHALL FULLY MEET ALL THE REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE, THE N.F.P.A., THE NEW YORK STATE BUILDING CODE, THE LIFE SAFETY CODE, AND ALL OTHER APPLICABLE CODES AND ORDINANCES.
- THE EXACT LOCATION OF ALL CONDUITS, PANELS, FIXTURES, ETC. SHALL BE DETERMINED IN THE FIELD.
- THE MOUNTING HEIGHT OF RECEPTACLES SHALL BE 1'-8" AFF. LIGHT SWITCHES SHALL BE MOUNTED 4'-0" AFF. AND ALL PANELS SHALL BE 6'-0" AFF. TO TOP OF PANEL, UNLESS OTHERWISE NOTED.
- ALL POWER WIRING SHALL BE COPPER 10 AWG MINIMUM SIZE SOLID OR STRANDED SMALLER THAN 1/8" DIA. AND STRANDED ONLY 1/8" AND LARGER. ALL WIRING TO HAVE INSULATION WITH A MINIMUM TEMPERATURE RATING OF 75 DEGREES C.
- WIRING INSTALLED BELOW GRADE OR SLAB SHALL BE IN SCHEDULE 40 PVC CONDUIT WITH A MIN. COVER OF 18". PVC RUNS SHALL BE INSTALLED WITH A GREEN INSULATED GROUND CONDUCTOR CONNECTED AT EACH END OF THE RUN AS SPECIFIED IN N.E.C. TABLES 250-54 AND 250-58.
- ALL ELECTRICAL EQUIPMENT SHALL BE GROUNDED IN FULL ACCORDANCE WITH N.E.C. AND I.L.E.G.O. REQUIREMENTS, AND BE U.L. LISTED.
- PHONE SERVICE INSTALLATION TO BE BY OTHER.
- CASH REGISTER COMMUNICATION WIRING SHALL BE SUPPLIED BY CASH REGISTER SUPPLIER. THE ELECTRICAL CONTRACTOR SHALL INSTALL THE WIRING WITH FINAL CONNECTIONS BY CASH REGISTER SUPPLIER.

PLUMBING NOTES

- ALL WORK SHALL MEET OR EXCEED THE LATEST REQUIREMENTS OF ALL NATIONAL, STATE, COUNTY, MUNICIPAL, AND OTHER AUTHORITIES HAVING JURISDICTION. ANY WORK NOT SUBJECT TO THE APPROVAL OF THE AUTHORITY HAVING JURISDICTION SHALL BE GOVERNED BY THE NATIONAL PLUMBING CODE, THE COUNTY HEALTH DEPARTMENT, AND BEST CONCEPT PRACTICES.
- CONTRACTOR SHALL BE RESPONSIBLE FOR REPAIRING HIMSELF WITH ALL EXISTING CONDITIONS AND DIMENSIONS PRIOR TO STARTING WORK.
- THE PLUMBING CONTRACTOR SHALL ASSUME ALL RESPONSIBILITY FOR HIS WORK AND SHALL GUARANTEE THE WORK OF HIS CONTRACT FOR A PERIOD OF ONE YEAR FROM DATE OF COMPLETION OF HIS WORK.
- THE PLUMBING CONTRACTOR SHALL CONSULT AND COOPERATE WITH THE GENERAL CONTRACTOR, HEATING AND VENTILATING CONTRACTOR, ELECTRICAL CONTRACTOR, ETC. IN ORDER TO AVOID INTERFERENCE DURING INSTALLATION OF PIPING, EQUIPMENT, ETC.
- UNDERGROUND SANITARY DRAINAGE AND VENT PIPING WITHIN BUILDINGS SHALL BE SERVICE WEIGHT CAST IRON SOI PIPE.
- SANITARY DRAINAGE AND VENT PIPING ABOVE GROUND WITHIN BUILDINGS SHALL BE HUBLESS CAST IRON SOI PIPE.
- WATER DISTRIBUTION PIPING WITHIN BUILDINGS SHALL BE COPPER PIPE OR COPPER TUBE TYPE L. COPPER TUBE INSTALLED ABOVE GROUND SHALL BE OF HARD TEMPER. USE TYPE K BELOW SLAB.
- CONTRACTOR SHALL RUSH AND INSTALL ALL INSULATION REQUIRED TO PREVENT HEAT GAIN AND LOSS AND PREVENT CONDENSATION ON PIPING SYSTEMS. INSULATION SHALL BE FIBERGLASS 7 THICK.
- ALL NEW VALVES SHALL BE FERRISSONS 25 PSI OR APPROVED EQUAL.
- ALL PLUMBING FIXTURES SHALL BE AMERICAN STANDARD OR APPROVED EQUAL AND SHALL BE OF THE WATER SAVER TYPE.
- PROVIDE ALL EXCAVATION AND BACKFILLING OUTSIDE AND INSIDE THE BUILDING REQUIRED TO PROPERLY INSTALL THE WORK UNDER THIS CONTRACT. CONTRACTOR SHALL PERFORM ANY AND ALL TESTS THAT MAY BE REQUIRED BY LOCAL MUNICIPALITY, UTILITY OR OTHER GOVERNING BODY, BOARD, OR AGENCY HAVING JURISDICTION.
- CONTRACTOR SHALL PERFORM ANY AND ALL TESTS THAT MAY BE REQUIRED BY LOCAL MUNICIPALITY, UTILITY OR OTHER GOVERNING BODY, BOARD OR AGENCY HAVING JURISDICTION.
- ALL WATER PIPE INSTALLED SHOULD BE TESTED HYDRO-STATICALLY TO 150 PSI FOR A PERIOD OF TWO HOURS IN THE PRESENCE OF THE OWNER.
- PROVIDE VACUUM BREAKERS ON ALL SUBMERGED AND/OR POTENTIALLY SUBMERGED WATER INLETS.
- ALL PLUMBING FIXTURES CONNECTED TO THE SANITARY DRAINAGE SHALL BE PROVIDED WITH AN APPROVED "P-TRAP" FOR SELF-CLEANING.
- ALL GAS EQUIPMENT SHALL COMPLY WITH A.G.A. LISTING OR APPROVED REQUIREMENTS AND SHALL BEAR THE LISTING OR APPROVAL SEAL OF A RECOGNIZED TESTING AGENCY SUCH AS AMERICAN GAS ASSOCIATION LABORATORIES, INC. INSTALLATION OF GAS EQUIPMENT AND PIPING SHALL BE IN ACCORD WITH THE APPLICABLE AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI) CODE AND THE RULES AND REGULATIONS OF THE LOCAL GAS UTILITY.
- FABRICATE AND INSTALL GAS PIPING IN ACCORDANCE WITH A.G.A. AND N.F.P.A. STANDARDS.
- DO NOT INSTALL DEFECTIVE GAS PIPING IN ACCORDANCE WITH A.G.A. AND N.F.P.A. STANDARD.
- PLUG EACH GAS OUTLET, INCLUDING VALVES, WITH THREADED PLUG OR CAP IMMEDIATELY AFTER INSTALLATION OF GAS PIPING AND RETAIN UNTIL CONTINUING PIPING OR EQUIPMENT CONNECTIONS ARE COMPLETE.
- GROUND GAS PIPING ELECTRICALLY AND CONTINUOUSLY WITHIN PROJECT, AND

REVISIONS

NO.	DATE	BY

ISSUANCES

NO.	DATE	FILE

HOMETOWN GRILLE

EQUIPMENT PLAN - RISER
EQUIP. SCHEDULE - NOTES

PROJECT: PROPOSED INTERIOR ALTERATION
HOMETOWN GRILLE
 128 MAIN STREET - ANTONIO, NEW YORK
 SHEET TITLE: **EQUIPMENT PLAN - RISER**
EQUIP. SCHEDULE - NOTES

DRAWN BY: YOU
 CHECKED BY: ME
 SCALE: AS NOTED
 DATE: FEB 98

SHEET NUMBER: **EQ1**
 JOB NO.