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	Loc	ation (TVC)	County			
Name of Owner		Mai	I Address	W 127 1 1 1		
Name of Operator		Mai	Mail Address			
Architect, Engineer or Food	Service Consultan	t Mai	l Address	- 12		
Type of Establishment:	Factory	_ Hospital	School Nursing home _Other (specify)	Resort	Office	
This application must be board or commission hav accepted if accompanied	ing charge of wo	rk. The signature				
Signature of Applicant	Official Title	М	ail Address	Address		
This application must be side and which is pertine repeated on the form. Ap	nt to the installat	ion must be subr	mitted. Information s	ired by form on the shown on plans ne	e reverse ed not be	
Plans must show relation location of toilets.	of food service	facilities to the b	uilding in which it is	located, entrances	and the	
FOR OFFICE USE ONLY:						
Plans Approved —	Date		By			
Plans Disapproved —	Date		By			
Reason for Disapproval_						

Form No. GEN 17

DETAILS OF PROPOSED FOOD SERVICE FACILITIES

SERVICE ARRANGEMENTS*						FREQUENCY OF FOOD DELIVERY				
	Max.				io. Meals	Dry Foods				
	Dining	Seat-		Serve	ed Daily	Dairy Products				
Type of Service	Area Sq. Ft.	ing Cap.	Break- fast	Lunch	Supper	Meat				
	78.00					Produce				
Table Service_						Frozen Foods				
Cafeteria						Prepared Meals				
Counter							AREAS OF	IISE ENR		
Tray Service							ANEAG UI	OSE TON	Sq.Ft	
Takeout										
Other (type)						Receiving				
						Food Preparation				
	SURI	FACE MA	ATERIAL			Dishwashing				
		Floor	Walls	Ce	eiling	Utensil Washing Toilets: Public		Employee		
Kitchen Areas_										
Serving Areas_						Employee Locker Rm				
Dining Rm. Are						Tray and Food Cart A	SSCITIONY			
Storage Rm. Ar							STOR	AGE*		
Storage nill. Al	cas						Walk-	Reach-	Compressor	
	WACI	INC FA	OII ITIEC+				in	in	Cap. Tons	
			CILITIES			Cold Storage —				
Dishwashing —						Refrig. cu. ft.				
Capacity (dishe						Cold Storage —				
Potwashing (ha						Freezer cu. ft.				
Prerinse (spray						Dry Stores				
Other (specify)						sq. ft.		NA NA		
Handwashing -	— No. lavato	ries in kit	chen			Single Service			***	
Handwashing -	No. washr	oom laba	tories			Items sq. ft.			NA	
						Misc. Storage —			NA	
	WA	TER SU	IPPLY*			sq. ft.			NA.	
Source							WASTE D	DISPOSAL		
Min. Pressure	70000 160 20					Liquid Wastes Includ				
						Sewage: Public	_	(Supply	v Details)	
		HOT WA	TER			Food Waste: Inciner				
		101 117			oster					
			Regular			Trash: Incinerator—				
Storage Capaci						•			_	
Heating Capaci	•					FO	OD VENDII	NG MACHINE	S	
Temperature S	the second secon					No Ty				
Maximum Use	Period — H	ours				preventers				
					XHAUST V	ENTILATION*				
		Provided	with		Hood Area	Provided	with Auto.	Fan	Air Capacity	
Hood Location		Filter			Sq. Ft.		otection		@ in. water	
	-									
. Chaus data	ils on plans.									

Signature of designing engineer, architect, or food service consultant

Address