

APPLICATION FOR APPROVAL OF PLANS FOR CONSTRUCTION OR RENOVATION OF A FOOD ESTABLISHMENT

NASSAU COUNTY DEPARTMENT OF HEALTH
OFFICE OF FOOD PROTECTION – PLAN REVIEW & APPROVAL SECTION
200 COUNTY SEAT DR., MINEOLA NY 11501
PHONE # 516-227-9717 / FAX # 516-227-9559 / foodplanreview@nassaucountyny.gov



FOR OFFICE USE ONLY:	DATE RECEIVED:	PLAN #:	EST. #:
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Plan Review/Contact Information	
Name:	Phone Number:
Email address:	

Establishment Information	
Establishment Name:	
Establishment Address:	
City/Village:	Zip Code:

Owner Information:	
Name of Owner or Corporation:	
If Corporation, President's Name:	
Owner's (Corp.) Address:	
City/State:	Zip Code:
Ownership Email Address:	
Ownership Contact Phone Number:	
President's Home Address:	
City/State:	Zip Code:

- A plan or layout, drawn to scale, must accompany this form for each floor and area of the proposed establishment. It should be legible and sized so that it is easily readable.
- The plan should show all equipment in place and should be clearly labeled either on the plan itself or through an equipment schedule. Plumbing and lighting information should be included.
- When available, submit specification sheets showing the name of the manufacturer, model number, etc. for each piece of equipment to be used.
- You must provide a menu or list of foods and beverages that you plan to serve.
- All pages of the application must be filled out and submitted.

I hereby certify that the submitted information is correct, and I fully understand that any deviation from my submission, without prior permission from the Nassau County Department of Health, may nullify final approval.

Signature:	Title:	Date:
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Facility Information:		
Check One: <input type="checkbox"/> New <input type="checkbox"/> Renovation		
Describe the Type of Operation (e.g. full service, take-out, ice cream store, day care, etc.):		
Scope of work to be done for renovation (e.g. new bar, auxiliary prep area, full demo and rebuild, etc.):		
Estimated opening date:		
Number of Seats (including main dining area, bar, outdoor patios, etc.):		
Number of Floors in Facility:		
Is the operation seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates of operation:		
Do you have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is the basement used for food preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is the basement used for storage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have other storage space not shown on the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe:		
Check all that apply:	<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Municipal Sewer
	<input type="checkbox"/> Private Water	<input type="checkbox"/> Private Sewer (Septic System)
If you have a private sewage system, have plans been submitted to the Bureau of Environmental Engineering? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are only disposable dishes and utensils used by patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If dish service, method of dishwashing: <input type="checkbox"/> By Hand <input type="checkbox"/> By Machine		
If applicable, list manufacturer's name and model number of dishwasher here:		
Provide the make and model number of your commercial hot water heater:		
Size (gallons): BTU/KW input rating:		
Recovery rate in GPH(tank)/GPM(tankless) at 100° F rise:		
If you are providing specifications on tankless water heaters, how many units will you install?		

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Finish Schedule:

Provide information on the materials used for all floors, walls and ceilings

(See plan review/construction guide for requirements and recommended materials)

Finish schedule is included in the floor
plans submitted

☐ Yes (do not fill out chart below)

☐ No (complete chart)

Sample Finish Schedule

Area	Floors	Walls	Cove Base	Ceiling
Kitchen, cook line	quarry tile	stainless steel	stainless steel	vinyl coated tiles
Kitchen, prep area	quarry tile	FRP	quarry tile	vinyl coated tiles
Dishwashing area	quarry tile	FRP	quarry tile	vinyl coated tiles
Bathrooms	ceramic tile	painted sheetrock, semi-gloss	rubber base	acoustic tiles

Area	Floors	Walls	Cove Base	Ceiling

The Nassau County Department of Public Works may require the installation of a grease interceptor. A site survey of your facility will be conducted. Contact Industrial Waste Control (NCDPW) at 516-571-7319.

Approval of these plans and specifications by the Nassau County Department of Health does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

**CONTRACT FOR APPLICANTS FOR CONSTRUCTION
OR RENOVATION OF A FOOD ESTABLISHMENT**

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(Please print all information except required signature)

I, _____, the _____ of the new/proposed/renovated
(your name) (your title)

establishment to be called _____ located at:

_____ have been notified that I may
(establishment address)

not open and operate said establishment without first being inspected by the Nassau County Department of Health and receiving written approval to open. In addition, that said establishment must also have met the requirements of all other concerned agencies (federal, state, county, city or village) prior to said opening and operation.

My signature below is to certify agreement with these two provisions of the Nassau County Department of Health. It further certifies that I understand the submission of an application for permit and payment of the appropriate fees does not automatically entitle me, the partners or the corporation, to be granted a permit by the Nassau County Department of Health to operate said establishment, but rather issuance of a permit is contingent on the aforementioned final inspection, and at the approval of all other concerned agencies.

I understand that the final inspection will be performed by the Nassau County Department of Health only after I have notified the Department of the completion of all construction and/or renovations and possess all appropriate approval documentation from the other concerned agencies. I further understand that the appointment for inspection is at the discretion of the Department.

(signature)

(title)

(print name)

(date)

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Establishment Information

Establishment Name:

Establishment Address:

City/Village:

Type of Establishment (restaurant, deli, bakery, ice cream store, etc.):

Proposed Hours of Operation:

Monday:

Thursday:

Saturday:

Tuesday:

Friday:

Sunday:

Wednesday:

*****YOU MUST INCLUDE A PROPOSED MENU WITH YOUR APPLICATION*****

*****ALL QUESTIONS MUST BE ANSWERED - IF NOT APPLICABLE, WRITE "N/A"*****

*****IF YOU NEED MORE SPACE FOR ANSWERS, PLEASE USE PAGE 10*****

Types of meals to be served: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Other

Estimated number of meals to be served between receiving deliveries of food supplies: _____

Food Preparation & Equipment Review

1. Will you offer catering? ☐ No ☐ Yes (If no, proceed to Question #2)

a. What is the maximum number of guests you will cater for? _____

b. Will food be transported to another location? ☐ No (pickup only) ☐ Yes

If yes, how will you maintain food at the proper temperatures during transportation?

c. Describe your storage space for catering equipment:

2. Will you be preparing foods more than 12 hours in advance of service? ☐ No ☐ Yes, please list:

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Food Preparation & Equipment Review (continued)

3. Cooked foods are required to be cooled to 45°F or below within 6 hours (120°F to 70°F within two hours, then 70°F to 45°F in the next four hours). If any of the above are hot prepared foods, what methods will you use to adequately cool them? Check off all that apply:

☐ Shallow pans ☐ Reduced volumes ☐ Ice baths
☐ Ice paddles ☐ Blast chiller ☐ Other: _____

4. Will you be thawing frozen, potentially hazardous foods? ☐ No ☐ Yes

If yes, please check off the thawing methods you will be using:

☐ Under refrigeration ☐ Under cold running water ☐ Microwave
☐ Other, please describe: _____

5. Will fresh vegetables or fruits requiring washing be used in your menu? ☐ No ☐ Yes

6. Will you be rinsing or draining other types of food items? ☐ No ☐ Yes

Are you installing an indirectly wasted food preparation sink? ☐ No ☐ Yes

7. If served in your establishment, will ingredients for cold ready-to-eat foods such as tuna, eggs, pasta and mayonnaise for salads and sandwiches be pre-chilled before being mixed and assembled? ☐ No ☐ Yes

8. How will you maintain hot foods above 140°F during holding for service? Indicate method and types of equipment to be used:

9. List the types of cooking equipment to be used in your facility:

10. How will you maintain cold foods below 45°F during holding for service and for refrigerated/frozen storage? Indicate method and types of equipment to be used, including refrigerator/freezer units:

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Food Preparation & Equipment Review (continued)

11. Will raw meats, poultry, seafood, or eggs be stored or displayed in the same refrigerator(s) and freezer(s) with cooked and ready to eat foods? ☐ No ☐ Yes
If yes, how will you avoid the possibility of cross-contamination?

12. Will you be reheating previously prepared foods? ☐ No ☐ Yes
If yes, what method and equipment will you be using to reheat the foods and to what temperature?

13. Will vacuum packaging or other types of reduced oxygen packaging be conducted in the establishment?
☐ No ☐ Yes

Will you be producing any smoked, pickled or salted fish, or smoked meats/poultry in the establishment?

☐ No ☐ Yes

If yes to either question, does your facility or corporation have an approved scheduled process, or waiver, to conduct such operations?

☐ No ☐ Yes, will provide a copy of documentation

14. Will you be preparing or serving bivalve shellfish (fresh clams, mussels or oysters)? ☐ No ☐ Yes

15. Will you be serving/selling commercially prepared smoked fish or smoked fish products? ☐ No ☐ Yes
If yes, please note that the cold holding temperature for these products is 38°F, or less.

16. Will you be serving sushi or other raw fish products? ☐ No ☐ Yes

If yes, for the purposes of parasite destruction, will you (check all that apply):

- ☐ Ensure that certain species of fish undergo appropriate freezing methods as per the FDA Model Food Code of 2013 Section 3-402.11.
- ☐ Purchase fish products from a supplier that will provide a written certification that the fish has been appropriately frozen.

If serving sushi products, how will you ensure that the rice will be handled safely (check all that apply):

- ☐ Sushi rice will be maintained above 140°F at all times.
- ☐ Sushi rice will be properly cooled and maintained below 45°F.
- ☐ Sushi rice will be properly acidified with vinegar so that the pH level does not exceed 4.6.

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Food Preparation & Equipment Review (continued)

17. Are you scooping ice cream or ices? ☐ No ☐ Yes
How many tubs/flavors of ice cream or ices will you serve? _____
Will you be installing an indirectly wasted dipper well in the vicinity? ☐ No ☐ Yes
18. Will you have a soft-serve machine, frozen dessert/beverage machine, or batch freezer? ☐ No ☐ Yes
19. If you have a soda fountain or soda gun system, what type of cooling device will you have for the lines?
☐ Integrated cold plate ☐ Drop-in cold plate ☐ Other ☐ Not applicable
20. How often will you receive deliveries? _____
21. Are all food supplies from inspected and approved sources? ☐ No ☐ Yes
22. How will dry goods and other supplies be stored at least 6 inches off the floor?
23. Do you have a specific location for goods that are damaged to be returned to the vendor
(e.g. dented cans, etc.) ☐ No ☐ Yes

Personnel

24. How many employees will you have? _____
Of those, how many will be involved in food preparation?
25. Do your food preparation personnel also do cleanup? ☐ No ☐ Yes
26. List all personnel who hold a valid Nassau County Food Manager's Training Certificate and their position in the facility:
27. Do you have a written policy to exclude or restrict food workers who are sick or have infected cuts/lesions?
☐ No ☐ Yes
Describe briefly, or attach copy of written policy:
28. Describe storage facilities/changing areas for employees' personal belongings (i.e. purse, coats, boots, etc.)

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Cleaning, Sanitizing, and Maintenance

29. If an automatic warewasher (dishwasher) is to be installed, describe the sanitizing method it will use:

- ☐ Hot water (temperature provided via water heater) _____
- ☐ Booster heater
- ☐ Chemical sanitizer

30. For manual sanitization in the three compartment sink, describe what type of sanitizer will be used:

- ☐ Chlorine
- ☐ Quaternary ammonium
- ☐ Hot water (temperature provided via water heater) _____
- ☐ Other _____

31. Will you have a chemical test kit for testing sanitizer concentration? ☐ No ☐ Yes

32. How will you sanitize equipment which cannot be submerged in a sink or put through a dishwasher?

Chemical type _____

Concentration _____

Test kit available ☐ No ☐ Yes

33. How will you store your garbage?

- ☐ Dumpster
- ☐ Refrigerated garbage room
- ☐ Compactor
- ☐ Other _____
- ☐ Covered Cans

34. What will you do with your used cooking oil and waste from your grease trap?

35. Will you have some type of extermination service from a New York State licensed pest control operator, and how frequently will they provide the service?

36. How and where will you store your toxic chemicals (including, but not limited to cleaning and maintenance supplies, first aid supplies and personal care items)?

37. Will linens be laundered on site? ☐ No ☐ Yes
If no, how will linens be cleaned?

If yes, what will be laundered and where?

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Additional Comments

If you have any additional comments regarding your application, please use this space here.

EXPEDITED PLAN REVIEW APPLICATION FOR CONSTRUCTION OR RENOVATION OF A FOOD ESTABLISHMENT

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The Health Department has implemented a procedure whereby plan review for food service establishments can be expedited at a cost of \$500.00 payable by certified check or money order. Expedited plans will be reviewed within 5 business days by qualified personnel. There is no fee for non-expedited plan review, but the time frame in which it is completed can vary. You may change your plan submission to “expedited” at a later date should you change your mind.

To request this option, complete the form below and **submit with a certified check or money order** in the amount of **\$500.00** made out to Nassau County Department of Health and submit it with the plans for review (or mail it to 200 County Seat Dr., Mineola NY 11501 if plans were previously submitted.)

PLEASE NOTE: EXPEDITING IS OPTIONAL.

FOR OFFICE USE ONLY:	DATE RECEIVED:	PLAN #:	EST. #:
	DATE ASSIGNED:	REVIEWER:	

Plan Review/Contact Information

Name:	Phone Number:
Email Address:	
Street Address:	
City, State, Zip Code:	

Establishment Information

Establishment Name:	
Establishment Address:	
City/Village:	Zip Code: