



Public Health
Prevent. Promote. Protect.

CORTLAND COUNTY HEALTH DEPARTMENT

COUNTY OFFICE BUILDING
60 CENTRAL AVENUE Rm 120
CORTLAND, NEW YORK 13045-2746
(607) 753-5035
FAX: (607) 758-5578
<http://www.cortland-co.org/478/Environmental-Health>

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Cortland County Health Department

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Plan Review Submission & Fee Checklist

Complete the information below and submit with the review fee payment for construction of the regulated facilities listed. Also noted are plan reviews, which require submission of separate forms.

Proposed Facility Name _____
Contact Person _____
Address _____
Phone/Fax Number _____
Email _____

Proposed (please indicate with a checkmark)	Facility Type	Requirements	Plan Review Fee
	Hotel / Motel; Children's Camp; Campground.	1. Engineered plan*	\$150.00 (≤50 units) \$250.00 (>50 units)
	Public Swimming Pools; Public Beaches.	1. Engineered plan* 2. Engineering Report for Swimming Pool Plan (Form DOH-1308)	\$250.00
	Food Service Facilities: New construction or extensively remodeled.	1. Food Service Plan Review Form	\$150 (new)/ \$75 (modified)
	Petroleum Bulk Storage: New construction or installation of new tanks	1. Procedure for plan submission and approval 2. Tank Installation check list 3. Specifications on equipment	\$15.75 per 1000 gallons of capacity with a maximum of \$375
		TOTAL FEE =	

* NYS licensed professional Engineer required.

Please submit plans to this office at the above address.

Payment: Please submit a check or Money Order made out to **Cortland County Treasurer** for the required fee as determined using the above chart. For additional information, please call 607-753-5035.

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Based on January 2012 fee amendments

Fee Calculation

A. Exempt - no fee B. All others

A. Exemption Request

1. Is this facility operated by a religious, educational or philanthropic organization?..... Yes No
2. Is this facility operated by a municipality (city, town, village)?..... Yes No
3. If the answer to questions 1 or 2 is "yes", you may request exemption from payment of the annual registration fee. Please indicate documentation that will be made available upon inspection request. Incorporation Papers Other (specify)

B. Locate category type of your establishment on the list below (e.g., food service, temporary residence). 1. Locate the specific capacity which best reflects your operation.

2. Enter the amount indicated under "Fee Calculation" on the right side of the form.
3. Enter total at bottom of form.
4. Sign and date the fee determination schedule.
5. Submit this completed form with fee in the amount indicated under "Total Fee".