



**Schenectady County
Public Health Services**

Environmental Health Division
107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170
Phone: (518) 386-2818
Fax: (518) 386-2822
publichealth@schenectadycountyny.gov

**SCHENECTADY COUNTY PUBLIC HEALTH SERVICES
PLAN REVIEW FEE DETERMINATION SCHEDULE**

CAUTION: Improperly completed forms or improperly calculated fees will be returned and may delay processing of your plans.

INSTRUCTIONS TO OPERATOR FOR COMPLETION OF THIS FORM

1. Locate category type of your establishment on the list below. (e.g., food service, temporary residence).
2. Locate the specific capacity which best reflects your operation.
3. Enter the amount indicated under fee calculation on the right side of the form.
4. Enter total at bottom of form.
5. Sign and date the fee determination schedule.
6. Submit this form by mail with a check payable to *Schenectady County* in the amount indicated under Total Fee or complete Plan Review Application online:

<https://www.sdlportal.com/towns/nv/schenectady/schenectadycounty>

Mail to: Schenectady County Environmental Health Division
107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170

PLAN REVIEW FEE (PER PROJECT)

***Contact Person:**

Name: _____

Address: _____

Phone: _____

Email: _____

Name of Establishment

Address

Phone #

FEE CALCULATION

1. FOOD SERVICE ESTABLISHMENTS, Part 14, State Sanitary Code CATERERS, COMMISSARIES, MOBILE FOOD, ETC.	\$150.00	\$ _____
2. HOTELS, MOTELS, BUNGALOW COLONIES	Part 7, State Sanitary Code \$300.00	\$ _____
3. CAMPGROUNDS & TRAVEL TRAILER PARKS /per site	Part 7, State Sanitary Code \$250.00	\$ _____

