

**SCHEENECTADY 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. Mail this form within thirty (30) days of receipt with a check payable to County of Schenectady in the amount indicated under Total Fee to:

Schenectady County Environmental Health Unit  
107 Nott Terrace, Suite 300  
Schenectady, New York 12308-3170

**PLAN REVIEW FEE (PER PROJECT)**

**\*Contact Person:**  
**Name:**  
**Address:**  
**Phone:**

\_\_\_\_\_  
**Name of Establishment**

\_\_\_\_\_  
**Address & Phone #**

**FEE CALCULATION**

<b>1. FOOD SERVICE ESTABLISHMENTS, CATERERS, COMMISSARIES, ETC.</b>	Part 14, State Sanitary Code \$150.00	\$ _____
<b>2. HOTELS, MOTELS, BUNGALOW COLONIES</b>	Part 7, State Sanitary Code \$300.00	\$ _____
<b>3. CAMPGROUNDS &amp; TRAVEL TRAILER PARKS /per site</b>	Part 7, State Sanitary Code \$250.00	\$ _____
<b>4. MOBILE HOME PARKS</b>	Part 17, State Sanitary Code \$250.00	\$ _____
<b>5. MIGRANT LABOR CAMPS</b>	Part 15, State Sanitary Code \$250.00	\$ _____

**6. SWIMMING POOLS &  
BATHING BEACHES**

Part 6, State Sanitary Code

100-5000 sq. ft.	\$250.00	\$ _____
5001 sq. ft. or more	\$400.00	\$ _____

**7. REALTY SUBDIVISIONS**

Sec. 1119, PHL

\$75.00 x number of lots \_\_\_\_\_ = \$ \_\_\_\_\_

**8. COMMUNITY & NON-COMMUNITY WATER SUPPLIES**

Part 5, State Sanitary Code

Cost of Project: Record Search

Less than \$10,000	\$200.00	\$ _____
\$10,000-\$100,000	\$250.00	\$ _____
More than \$100,000	\$500.00	\$ _____

**9. INDIVIDUAL SEWAGE SYSTEM**

Part 75, State Sanitary Code

(Alternate Design)	\$165.00	\$ _____
Commercial	\$250.00	\$ _____

**10. SANITARY SURVEY**

\$150.00 \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**CERTIFICATION STATEMENT:**

I hereby certify the statements made above are accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Operator Title

\_\_\_\_\_  
Date

**NOTE: False statements on this application are punishable as crimes under Article 170 of the Penal Law.**

**MAKE CHECK PAYABLE TO: County of Schenectady**

**RETURN TO:**

**Environmental Health Unit  
Schaffer Heights, 3rd Floor,  
107 Nott Terrace, Suite 300  
Schenectady, New York 12308-3170**