

Plan Review Fee Determination Schedule

Name and Address of Establishment	Date	Public Water Supply ID	FOR OFFICE USE ONLY																							
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>											m	m	d	d	y	y	y	y	N Y <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						
m	m	d	d	y	y	y	y																			
			Amount \$ <input type="text"/>																							
			Received by <input type="text"/>																							

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: To determine what fee applies to your operation:

A. Exempt - no fee

A. Exemption Request

- Is this facility operated by a religious, educational or philanthropic organization? Yes No
- Is this facility operated by a municipality (city, town, village)? Yes No
- 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. All others

B. Locate category type of your establishment on the list below (e.g., food service, temporary residence).

- Locate the specific capacity which best reflects your operation.
- Enter the amount indicated under "Fee Calculation" on the right side of the form.
- Enter total at bottom of form.
- Sign and date the fee determination schedule.
- Submit this completed form with fee in the amount indicated under "Total Fee" to the appropriate NYS Department of Health Regional/District Office.

Type of Establishment	Fee	State Sanitary Code	Fee Calculation
Food service establishments, taverns, bars, caterers, commissaries, etc.	\$75	Subpart 14-1 Food Service Establishments	_____
Hotels, motels, bungalow colonies, cottage colonies, cabins Number of stories or structures:		Subpart 7-1 Temporary Residences	_____
1 or 2	\$50		
3 or more	\$200		
Campgrounds and travel trailer parks	\$100	Subpart 7-3 Campgrounds	_____
Mobile home parks	\$100	Part 17 Mobile Home Parks	_____
Migrant labor camps	\$50	Part 15 Migrant Farmworker Housing	_____
Swimming pools and bathing beaches		Subpart 6-1 Swimming Pools Subpart 6-2 Bathing Beaches	_____
100-5000 sq. ft.	\$100		
5001 sq. ft. or more, wavepools, slides, spa pools	\$150 \$150		
Realty subdivisions (per lot)	\$25 x number of lots	Sec. 1119, PHL (amended, 1989)	_____
Community and non-community water supplies Cost of project:		Subpart 5-1 Public Water Systems	_____
Less than \$10,000	\$50		
\$10,000-\$100,000	\$100		
More than \$100,000	\$200		
Individual sewage system (alternative design)	\$50	Part 75 Individual Residential Wastewater Treatment Systems	_____
TOTAL			_____

Certification Statement: I hereby certify that the statements made above are accurate to the best of my knowledge.

Signature of Operator _____

Title _____

Date _____

**Note: False statements on this form are punishable as crimes under Article 170 of the Penal Law
Make checks payable to: New York State Department of Health.**