

**NEW YORK STATE DEPARTMENT OF HEALTH**

Division of Environmental Health Protection

**Plan Review Fee  
Determination Schedule**

Name and Address of Establishment	Date  ____/____/____ MM DD YYYY	For Office Use Only  ID Number: _____ Public Water Supply ID NY _____
-----------------------------------	--	---

**\*\*Improperly completed forms or improperly calculated fees will result in the return of this form and may delay processing of your plans.\*\***

**Instructions to operator for completion of this form:** To determine if and what fee applies to your operation:

**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" 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: 1 or 2 3 or more	\$ 50 \$200	Subpart 7-1 Temporary Residences	
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: 100-5000 sq. ft. 5001 sq. ft. or more wavepools, slides, spa pools	\$100 \$150 \$150	Subpart 6-1 Swimming Pools Subpart 6-2 Bathing Beaches	
Realty subdivision (per lot)	\$25 x number of lots	Sec. 1119, PHL (amended, 1989)	
Community and non-community water supplies:  Cost of project: Less than \$10,000 \$10,000 - \$100,000 More than \$100,000	  \$ 50 \$100 \$200	Subpart 5-1 Public Water Systems	
Individual sewage system (alternative design)	\$ 50	Part 75 Individual Residential Wastewater Treatment Systems	
<b>TOTAL</b>			

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.