



## COUNTY OF ERIE

**CHRIS COLLINS**

COUNTY EXECUTIVE

ERIE COUNTY HEALTH DEPARTMENT  
**DIVISION OF ENVIRONMENTAL HEALTH**  
503 KENSINGTON AVENUE  
BUFFALO, NY 14214

### Application for Plan Review

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, Town, Village: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_  
(owner, manager, architect, etc)

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Town, Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLAN REVIEW FEE ONLY: \$147.00**

Please make check payable to "Erie County Commissioner of Finance"

Send this form, plans and payment to:

**Erie County Health Department**  
**503 Kensington Avenue**  
**Buffalo, New York 14214**