

**HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER  
FOOD SERVICE ESTABLISHMENTS  
CHANGE OF OWNERSHIP**

Potential owners are required to complete this application so we may collect the necessary information for the purpose of issuing a permit for an establishment that may have or has changed ownership. All questions must be completed so that we can determine if any operational changes may occur or if the type of food preparation will be modified. A proposed menu must be submitted with this application

This application will be reviewed using North Carolina's 15A NCAC 18A .2600 "*Rules Governing the Food Protection and Sanitation of Food Establishments*" and the *NC Food Code Manual*. To view these rules, go to <http://www.deh.enr.state.nc.us/rules.htm> or obtain a copy from our office at 307 West Cornelius Harnett Boulevard, Lillington, NC 27546. This application must be submitted to the local health department for approval **prior to** the change of ownership.

Submit completed application to:

Harnett County Health Department  
Environmental Health Section  
307 West Cornelius Harnett Blvd.  
Lillington, NC 27546

If you have questions, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Violette, REHS  
Food and Lodging Program Specialist

Jamie Turlington, REHS  
Environmental Health Specialist

Cindy Pierce, REHS  
Environmental Health Specialist

Nikki Eason, REHS  
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

\_\_\_\_\_ A proposed menu

\_\_\_\_\_ A completed Food Service Plan Review Application/Change of Ownership

09/19

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## Food Service Plan Review Application

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (if available): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

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Owner (if different from Applicant): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant or Responsible Representative)

**Hours of Operation:**

Mon \_\_-\_\_ Tues \_\_-\_\_ Wed \_\_-\_\_ Thurs \_\_-\_\_ Fri \_\_-\_\_ Sat \_\_-\_\_ Sun \_\_-\_\_

**Number of Seats:** \_\_\_\_\_

**Facility total square feet:** \_\_\_\_\_

**Projected start date:** \_\_\_\_\_

**Type of Food Service:**

**Check all that apply**

\_\_\_\_\_ Restaurant

\_\_\_\_\_ Sit down meals

\_\_\_\_\_ Food Stand

\_\_\_\_\_ Take-out meals

\_\_\_\_\_ Drink Stand

\_\_\_\_\_ Catering

\_\_\_\_\_ Commissary

\_\_\_\_\_ Meat Market

\_\_\_\_\_ Other (explain): \_\_\_\_\_

**Utensils:**

Multi-use (reusable): \_\_\_\_\_ Single-use (disposable): \_\_\_\_\_

**Food delivery schedule** (per week): \_\_\_\_\_

Indicate any **specialized process** that will take place:

\_\_\_\_\_ Curing \_\_\_\_\_ Acidification (sushi, etc.) \_\_\_\_\_ Smoking

\_\_\_\_\_ Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Has the process been approved by the Variance Committee of the DPH Food Protection Branch? \_\_\_\_\_

Indicate any of the following **highly susceptible populations** that will be catered to or served:

\_\_\_\_\_ Nursing/Rest Home \_\_\_\_\_ Child Care Center \_\_\_\_\_ Health Care Facility

\_\_\_\_\_ Assisted Living Center \_\_\_\_\_ School with pre-school aged children or an immunocompromised population

**Water Supply:**

Type of water supply: (check one)

- Non-public (well)
- Community/Municipal

Is an annual water sample required of your establishment? (check one)

- Yes
- No

**Wastewater System:**

Type of wastewater system: (check one)

- Public sewer
- On-site septic system

**Water Heater:**

Manufacturer and Model: \_\_\_\_\_

Storage Capacity: \_\_\_\_\_ gallons

- Electric water heater: \_\_\_\_\_ kilowatts (kW)
- Gas water heater: \_\_\_\_\_ BTU's

Water heater recovery rate: \_\_\_\_\_ GPH

If tankless, \_\_\_\_\_ GPM ; Number of heaters: \_\_\_\_\_

**Person in Charge (PIC) and Employee Health**

Are Persons in Charge certified food protection managers who have passed a test accredited by an approved ANSI program? \_\_\_\_\_

Eligible Person In Charge: \_\_\_\_\_

Program \_\_\_\_\_ Cert. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

For multiple shifts and/or occasions of absences, list all eligible Persons in Charge:

Eligible Person In Charge: \_\_\_\_\_

Program \_\_\_\_\_ Cert. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Eligible Person In Charge: \_\_\_\_\_

Program \_\_\_\_\_ Cert. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\*Attach a copy of your establishment's Employee Health Policy

Are copies of signed Employee Health Policies on file? \_\_\_\_\_

**Food Sources**

Names of food distributors:

Deliveries/wk

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

**Time/Temperature Control for Food Safety**

Foods that will be held **hot** before serving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Foods that will be held **cold** before serving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will **time** be used as a method to control for food safety? \_\_\_\_\_

Will a buffet be provided? \_\_\_\_\_ If so, attach a list of foods that will be on the buffet.

**Cooling**

List foods that will be cooked and cooled for later use or added to another food as an ingredient: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe utensils and methods used to cool foods: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dry Storage**

Frequency of deliveries per week: \_\_\_\_\_ Number of dry storage shelves: \_\_\_\_\_

Square feet shelf space: \_\_\_\_\_ ft<sup>2</sup>

Is a separate room designated for dry storage? \_\_\_\_\_

**Food Preparation Facilities**

Number of food prep sinks: \_\_\_\_\_ Are separate sinks provided for vegetables and meats? \_\_\_\_\_

Size of sink drain boards (inches): \_\_\_\_\_

How will sinks be sanitized after use or between meat species? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dishwashing Facilities**

**Manual Dishwashing**

Number of sink compartments: \_\_\_\_\_

Size of sink compartments (inches): Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Length of drain boards (inches): Right \_\_\_\_\_ Left \_\_\_\_\_

Are the basins large enough to immerse your largest utensil? \_\_\_\_\_

What type of sanitizer will be used?

Chlorine \_\_\_\_\_ Quaternary \_\_\_\_\_ Hot water (171°F) \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Mechanical Dishwashing**

Will a dishmachine be used? Yes \_\_\_\_\_ No \_\_\_\_\_

Dishmachine manufacturer and model: \_\_\_\_\_

Hot water sanitizing ? \_\_\_\_\_ or chemical sanitizing? \_\_\_\_\_

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many air drying shelves will you have? \_\_\_\_\_

Calculate the square feet of total air drying space: \_\_\_\_\_ ft<sup>2</sup>

**Hand washing**

Indicate number and locations of hand sinks in the establishment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employee Area**

Indicate location for storing employees' personal items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Garbage, Refuse and Other**

Will trash be stored in the restaurant overnight? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how will it be stored to prevent contamination? \_\_\_\_\_

Location and size of can wash facility: \_\_\_\_\_

Are hot and cold water provided as well as a threaded nozzle? \_\_\_\_\_

Will a dumpster be provided? \_\_\_\_\_

Do you have a contract with the dumpster provider for cleaning? \_\_\_\_\_

How will used grease be handled? \_\_\_\_\_

Is there a contract for grease trap cleaning? \_\_\_\_\_

Are doors self-closing? \_\_\_\_\_ Fly fans provided? \_\_\_\_\_

Where will chemicals be stored? \_\_\_\_\_

Where will clean linen be stored? \_\_\_\_\_

Where will dirty linen be stored? \_\_\_\_\_



## FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process. Incomplete descriptions may result in the application being returned.

Explain the entire food handling procedure for each food item on the proposed menu.

Including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

**FOOD PRODUCT** \_\_\_\_\_

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**\*\*\* ADDITIONAL SHEETS ARE AVAILABLE**