

**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: Central Permitting, 420 McKinney Pkwy., Lillington, NC 27546

If you have questions, please contact an Registered Environmental Health Specialist staff at 910-893-7547:

Plans must be submitted with the following supporting documentation:

- _____ A proposed menu
- _____ A completed Food Service Plan Review Application/Change of Ownership
- _____ A site plan drawn to scale showing the placement of each piece of food service equipment, storage areas, trash can wash facilities, etc.

08/22
gv

Food Service Plan Review Application

Name of Establishment: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone (if available): _____ Fax: _____

Email: _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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: _____ ft²

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: _____ ft²

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 _____

FOOD PRODUCT _____
