

**HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER  
FOOD SERVICE ESTABLISHMENTS**

**Review for Compliance with NC Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600)**

All items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail to PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

The North Carolina *Rules Governing the Sanitation of Food Service Establishments* require that plans be submitted for approval **prior to** construction / renovation / modification / change of ownership of such facilities by the local Health Department.

Plans are reviewed using North Carolina's "Rules Governing the Sanitation of Food Service Establishments," 15A NCAC 18A .2600. You may view these rules at [www.deh.enr.state.nc.us/ehs/rules.htm](http://www.deh.enr.state.nc.us/ehs/rules.htm) or obtain a copy from our office at 307 Cornelius Harnett Boulevard, Lillington, NC 27546. For additional information regarding facility design and layout, you can access the "Guidelines for the design, installation and construction of food establishments in North Carolina" by going to the web page: <http://www.deh.enr.state.nc.us/ehs/food/plan2.htm> .

Plans for franchised, chain, and prototyped facilities are required to be submitted to the North Carolina Department of Environment and Natural Resources, Division of Environmental Health, Facility and Plan Review Unit, Room 1A109, 2728 Capital Blvd., Raleigh, NC 27604. Checks must be made payable to DENR/EHSS.

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

Gale Violette Greene, RS  
Food and Lodging Program Specialist

Jamie Turlington, RS  
Environmental Health Specialist

Cindy Pierce, RS  
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- \_\_\_\_\_ Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, trash can wash facilities, etc. along with general plumbing, electrical, mechanical, and lighting drawings
- \_\_\_\_\_ Plans must include a site plan locating exterior equipment such as dumpsters or walk ins
- \_\_\_\_\_ A complete equipment list and corresponding manufacturer specification sheets
- \_\_\_\_\_ A proposed menu
- \_\_\_\_\_ A completed Food Service Plan Review Application
- \_\_\_\_\_ \$200 Plan Review Fee

## Food Service Plan Review Application

Type of plan: New \_\_\_\_\_ Remodel \_\_\_\_\_ Change of Ownership \_\_\_\_\_

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

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

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

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

Website: \_\_\_\_\_

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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 of construction / change of ownership:** \_\_\_\_\_

**Food Safety Knowledge:**

Do any members of management have current ServSafe or equivalent food service certification? \_\_\_\_\_

**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.)

Explain checked processes:

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

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 immuno-compromised population

**Water Supply:**

Type of water supply: (check one)

- Non-public
- Community/Municipal
- Non-transient, non-community
- Transient, non-community

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

Number of current seats: \_\_\_\_\_

Number of seats applying for: \_\_\_\_\_

**Water Heater:**

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

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

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

Water heater recovery rate (gallons per hour at 100F rise): \_\_\_\_\_ GPH

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

\*Water heater calculator on the Plan Review Unit web page at  
[www.deh.enr.state.nc.us/ehs/food/plan3.htm](http://www.deh.enr.state.nc.us/ehs/food/plan3.htm)





**HOT HOLDING**

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

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**COLD HOLDING**

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

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**DRY STORAGE**

Frequency of deliveries per week: \_\_\_\_\_ Square feet shelf space: \_\_\_\_\_ ft<sup>2</sup>

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

**FINISH SCHEDULE**

Floor, wall and ceiling finishes (vinyl tile, acoustic tile, vinyl baseboards, FRP, etc.)

<b>AREA</b>	<b>FLOOR</b>	<b>BASE</b>	<b>WALLS</b>	<b>CEILING</b>
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Garbage & Can Wash Areas				
Other				
Other				

**FOOD PREPARATION FACILITIES**

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

Size of sink drainboards (inches): \_\_\_\_\_

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

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

**DISHWASHING FACILITIES**

**Hand Dishwashing**

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

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

Length of drainboards (inches): Right \_\_\_\_ Left \_\_\_\_

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

What type of sanitizer will be used?

Chlorine \_\_\_\_ Quaternary ammonium \_\_\_\_ Hot water \_\_\_\_ 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>

**HANDWASHING**

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? \_\_\_\_\_

The following questions will test how much you already know about food safety. Please answer to the best of your ability and as clearly as possible in order that the EHS understands what you are trying to say.

1. What are the final cook temperatures (°F) for the following foods?

- a. Chicken \_\_\_\_\_
- b. Hamburger \_\_\_\_\_
- c. Ground Sausage \_\_\_\_\_
- d. Pork \_\_\_\_\_
- e. Eggs \_\_\_\_\_
- f. Steaks \_\_\_\_\_

2. In the following list, place in order from top to bottom, how the following will be stored in a cooler and/or freezer: raw chicken, raw eggs, vegetables, foods that are cooling, raw pork, raw hamburger, beef steak.

Top \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Bottom \_\_\_\_\_

3. Describe how you would cool hot foods for the next day's usage. Explain specific examples, stating temps, time of cooling process, and size of containers.

4. What minimum temperature (°F) must leftovers be reheated to? \_\_\_\_\_

5. Describe your sanitizing procedures for your pots, pans and other utensils. Be specific.

6. Describe how you will sanitize the cutting boards, prep area tables, prep sinks, and knives when switching from one food to another. Describe what products will be used to clean this area and the contact time for the sanitizing chemicals used.
  
7. Please list the hot holding and cold holding temperatures of foods that are held on a buffet bar or held in the walk-in cooler.  
  
Hot Holding \_\_\_\_\_(°F)  
Cold Holding \_\_\_\_\_ (°F)
  
8. Describe when you and your employees are required to wash your hands.
  
9. Describe your sick employee policy.
  
10. Explain how to use and calibrate a thermometer.
  
11. Explain the policy if there are cuts or burns on the hands of an employee.
  
12. Explain the procedure for making up a sanitizing solution.
  
13. Will staff be allowed to smoke? Where will they be allowed to smoke?
  
14. What distributors will be used to purchase the food being sold?
  
15. Where will personal drinks be stored and how will they be stored?

These questions must be answered correctly to demonstrate whether the restaurant owner or operator is knowledgeable enough to receive a Permit/Transitional Permit from this office.

Gale Ann Greene  
Environmental Health Program Specialist

Jamie Turlington  
Environmental Health Specialist

William H. Cain  
Environmental Health Specialist

Cynthia Pierce  
Environmental Health Specialist