

**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, or modification 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 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, REHS
Food and Lodging Program Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
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

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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: _____

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 : _____

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

HOT HOLDING

Foods that will be held **hot** before serving: _____

COLD HOLDING

Foods that will be held **cold** before serving: _____

DRY STORAGE

Frequency of deliveries per week: _____ Square feet shelf space: _____ ft²

Is a separate room designated for dry storage? _____

FINISH SCHEDULE

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

AREA	FLOOR	BASE	WALLS	CEILING
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: _____ ft²

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? _____

