HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER
FOOD SERVICE ESTABLISHMENTS

Unless directed otherwise, 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.

Plans are 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. For additional information regarding facility design, you can access the plan review link of the Environmental Health section on the Health Department’s website at www.harnett.org. Plans must be submitted to the local health department for approval prior to construction, renovation, or modification of such facilities.

*Franchised, chain, and prototyped facilities are required to submit a separate application and plans to the Department of Public Health, Environmental Health Section Plan Review Unit at 5605 Six Forks Rd., Raleigh, NC 27609.

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

Gale Greene, REHS          Jamie Turlington, REHS
Food and Lodging Program Specialist  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 ___________

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
- _____ Food Stand
- _____ Drink Stand
- _____ 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 ____________

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: _______________________
_____________________________________________________________________
_____________________________________________________________________
**Finish Schedule**
*Floor, wall and ceiling finishes (vinyl tile, acoustic tile, vinyl baseboards, FRP, etc.)*

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**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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FOOD PRODUCT

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