



ENVIRONMENTAL HEALTH SECTION  
106 EAST MORGAN STREET, Suite 105  
BREVARD, NC, 28712  
828.884.3139 FAX 828.884.3259

## Plan Review and Permit Application Mobile Food Units and Pushcarts

Pushcart – designed to be maneuvered by one person. Serves only hot dogs (and condiments) and pre-packaged drinks and snacks.

Mobile Food Unit - fully enclosed vehicle-mounted unit designed to be readily moved. Requires mechanical refrigeration for potentially hazardous foods.

Business Name: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

### Permitted Commissary or Servicing Area

Business Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Address (if needed) for storage or servicing of unit:

Business Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

All mobile food units and pushcarts must work in conjunction with a permitted establishment. A mobile food unit (but not a push cart) may operate using a servicing area to provide potable water and wastewater disposal if all items normally provided in the permitted establishment are present on the mobile food unit.

If using a permitted food service establishment, the unit must report daily to the establishment for supplies, cleaning and servicing. Facilities shall be provided at the permitted establishment to meet all needs of the mobile food unit or pushcart including food storage, dry storage, routine cleaning operations, obtaining fresh water, sewage and wastewater disposal and garbage storage and disposal. If a permitted restaurant or commissary is not capable of handling the extra needs of a mobile food unit or pushcart, a permit will be denied. A mobile food unit

applying to use a servicing area with all other functions present on the unit itself, must submit a servicing area agreement for a facility with approved, potable water and wastewater disposal. **An operator is not allowed to maintain foods, store equipment, dispose of trash or provide any other required operation for the unit at their personal residence or other non-inspected facility.**

**Submittal checklist:**

The following items must be included with this application. The plan review process will not begin until the application is complete.

- Completed application
- Plans of the unit drawn to scale (1/4" = 1 foot; 1 inch = 4 feet)  
Include: equipment locations, a plan and profile view, plumbing schematic (plumbing lines, water heater, potable water tank, water pump, sewer vent, wastewater holding tank, etc.). A plumbing schematic is not required for a pushcart unless a sink is provided.
- Photos of the completed unit if available or a website with photos of the unit
- Manufacturer's specification sheets for all proposed food service equipment.
- Menu  
Include all food, drinks and condiments. Any menu changes must be approved by this office in advance.
- A completed agreement with a Transylvania County permitted restaurant or commissary OR a completed agreement with an approved servicing facility. *(If your planned restaurant, commissary or servicing area is NOT in Transylvania County, you must contact the Health Department where those are located for permitting.)*
- A copy of your Employee Health Policy
- The plan review fee of \$250: 1) check made payable to Transylvania County, 2) cash paid at the Environmental Health (EH) office, or, 3) credit card payment (Visa, Master Card, American Express, Discover) by phone or at the EH office. *(Note: Annual permit fees of \$120 per year are billed by the North Carolina Environmental Health Section.)*

Deliver or mail all of the above items to:

**ENVIRONMENTAL HEALTH SECTION**  
**106 EAST MORGAN STREET**  
**BREVARD, NC, 28712**  
**828.884.3139 FAX 828.884.3259**

**For Push Cart and Mobile Food Unit:**

**Operation**

Primary county where unit will operate: \_\_\_\_\_

Proposed location/address where will operate: \_\_\_\_\_

Days and hours of operation \_\_\_\_\_

Projected number of meals to be served (approximate):

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

**For Pushcart Only:**

NSF/ANSI Certification. If pushcart is prefabricated, provide all information on data plate. If not ANSI certified, pictures, plans and website (if available) are required.

Make/Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_

Specifications: \_\_\_\_\_

Website if available: \_\_\_\_\_

How is food protected from the elements (wind, rain, etc.) \_\_\_\_\_

Location and description of protected storage area for pushcart when not in use: \_\_\_\_\_

**For Mobile Food Unit Only:**

**Finishes:** Please describe the finish for each of the following (tile, metal, FRP board, etc.)

Floors: \_\_\_\_\_ Walls: \_\_\_\_\_

Ceiling: \_\_\_\_\_

Walls behind cooking equipment: \_\_\_\_\_

Countertops: \_\_\_\_\_ Light shields: \_\_\_\_\_

Shelves/cabinets: \_\_\_\_\_

**Water supply – Wastewater Disposal**

1. **Wastewater storage tank:** Capacity \_\_\_\_\_ gallons  
Construction material of permanently mounted wastewater storage tank: \_\_\_\_\_

\_\_\_\_\_

The wastewater storage tank must be at least 15% larger than the water supply tank.  
The wastewater tank connection must be lower than and of a different design than the connection for the potable water inlet.

2. **Potable water storage tank:** Capacity \_\_\_\_\_ gallons  
Construction material of tank: \_\_\_\_\_

\_\_\_\_\_

Protected storage of potable water hose: \_\_\_\_\_  
The water inlet must be positioned in such a way that it is protected from contamination and capped when not in use.

3. **Water heater:** Attach manufacturer's specification sheet for water heater.
- Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_  
Gas Btuh input rating \_\_\_\_\_ or Electric kW rating: \_\_\_\_\_  
Storage capacity: \_\_\_\_\_ gallons Efficiency rating (%) \_\_\_\_\_  
Tankless: Degree rise \_\_\_\_\_ for btuh or kW rating above  
Efficiency rating \_\_\_\_\_ Recovery rating: \_\_\_\_\_

4. **Generator:** Manufacturer \_\_\_\_\_ Wattage \_\_\_\_\_

**Food Equipment:** Warewashing sink

- Manufacturer \_\_\_\_\_ Model number \_\_\_\_\_
- Number of vats: \_\_\_\_\_ Size: \_\_\_\_\_  
*Length* *width* *depth*
- Size of drainboards, racks or shelving on each side of warewashing sink \_\_\_\_\_  
\_\_\_\_\_
- Describe the method of sanitizing that will be used for equipment and utensils:  
Chlorine \_\_\_\_\_ Quaternary Ammonia \_\_\_\_\_ Hot Water \_\_\_\_\_

**For Push Cart and Mobile Food Unit:**

**List all food service equipment and attach manufacturer’s specification sheets.** The number should match the corresponding piece of equipment on your floor plan.

Number	Equipment Type	Manufacturer	Model number	Planned use (cook, reheat, thaw, cold hold, chill, hot hold, clean produce, etc.)
1	<i>Example: Fryer</i>	<i>Avantco</i>	<i>FF-518</i>	<i>Cook</i>
1				
2				
3				
4				
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6				
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10				
11				
12				
13				
14				
15				
16				
17				

**Preparation of Menu Items:** Describe the following for each proposed menu item (attach additional pages if needed)

- Processing of the menu item in the commissary (cut, washed, thawed, marinated, cooked, chilled, etc.)
- Processing of the menu item in the mobile food unit (cooked, hot held, cooled, assembled, etc.)
- Hot transportation equipment (from commissary to mobile food unit)

**Food Product** \_\_\_\_\_

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**Applicant Signature:**

STATEMENT: I hereby certify that the information provided within this application is accurate. I understand that:

- any deviation or variance from the information contained in the application may void the operation permit for the unit;
- multiple inspections of the unit may be required;
- if the unit is not in compliance with the Rules Governing the Food Protection and Sanitation of Food Establishments 15A NCAC 18A .2600, the operation permit will not be issued or may be suspended or revoked after issuance;
- approval of these plans and issuance of a permit does not relieve me of the obligation to comply with other applicable codes, law, or regulation imposed by other jurisdictions;
- before operating my unit outside of the county where I am permitted, I will contact the local health department and provide the locations, dates and times that I will operate in that county.
- I will be subject to inspection or permit action by the local health department at any location where I operate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant/Owner)