



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

FOOD SERVICE PLAN REVIEW and PERMIT APPLICATION

Must be submitted at least 30 days prior to planned opening date or expiration of current owner's permit

NEW REMODEL CHANGE OF OWNERSHIP

Projected Date for Start of Construction
Projected Date for Completion of Project
Projected Opening Date (date to begin food service)

Receipt #
Date Rec'd

Name of Establishment

Establishment Physical Address

Establishment Phone Emergency No.

Establishment Type Stationary Mobile Permanent Temporary Shared Use

Wastewater System Municipal/Community On-Site System

Water Supply Municipal/Community On-Site System

Number of Dining Room Seats Number of Outdoor Seats

Applicant's Name (the person completing this form)

Mailing Address Phone

Cell

Email

Permit Holder/Owner's Name

Is this a Corporation Association Individual Partnership

Other Legal Entity? Specify

Please attach a list the names, titles and addresses of the persons comprising legal ownership listed above, including any local resident agent if one is required based on type of legal ownership.

Mailing Address Phone

Cell

Email

Current Permit Holder (if change of ownership/existing facility)

Mailing Address Phone

Cell

Email

Current owner must contact the Health Department for an appointment for a facility evaluation if a plan review is not required.

Contractor

Mailing Address Zip Code

Telephone: Home: Work: Mobile:

*Email Address:

Architect or Engineer

Mailing Address Zip Code

Telephone: Home: Work: Mobile:

*Email Address:

Payment of \$250 for plan review must be enclosed with this application: check payable to Transylvania County, cash in person, OR payment in person or by phone with Master Card, Visa, AME, or Discover.

* Please provide email addresses for quick response.

Establishment Name: _____

Prepares and Serves Potentially Hazardous Food (PHF)/Time Temperature Control for Safety Food (TCS):

- Prepares PHF/TCS by: Cooking Cooling Reheating Hot holding
 Cold holding Freezing Thawing Par cooking
 To order upon consumer request
 Prepares in advance and discards unserved food
 Uses Time as a Public Health Control
 Prepares food for delivery to and consumption at a location off premises
 Prepares only non PHF/TCS

TYPES OF SERVICE (check all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Catering | <input type="checkbox"/> Multi-Use (reusable) | <input type="checkbox"/> Single-service (Disposable) |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Push Cart | <input type="checkbox"/> Plates, bowls | <input type="checkbox"/> Plates, bowls |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Mobile Food Unit | <input type="checkbox"/> Glassware | <input type="checkbox"/> Glassware |
| <input type="checkbox"/> Sit Down Meals | <input type="checkbox"/> Limited Food Service | <input type="checkbox"/> Silverware | <input type="checkbox"/> Silverware |
| <input type="checkbox"/> Take Out | | | |

Indicate any of the following **highly susceptible populations** that will be catered:

- Nursing Home Child Care Center Health Care Facility
 Assisted Living Center School with pre-school aged children

Indicate any **specialized processes** that will take place.

- Food additives for preservation (not flavor) Smoking (for preservation, not flavor) Curing
 Food additives to render food non-PHF/TCS Sprouting seeds or beans Other
 Reduced oxygen packaging (eg: Vacuum packaging)

Approval for Variances or HACCP plans may take longer than 30 days; please contact our office far in advance if you plan to do any of these specialized processes.

Explain any checked processes: _____

Planned HOURS OF OPERATION

Sunday _____ to _____	Wednesday _____ to _____
Monday _____ to _____	Thursday _____ to _____
Tuesday _____ to _____	Friday _____ to _____
	Saturday _____ to _____

I attest to the accuracy of the information provided in this application.

Date

Applicant's Signature

In addition to the Health Department, contact the following agencies:

*Building Permitting & Enforcement
Mike Owen, Chief 884-3209*

*Fire Marshall Gerald
Grose 884-3108 x5*

*Planning and Zoning (County)
Mark Burrows 884-3205*

*City of Brevard Planning
Daniel Cobb 885-5630*

*(Room Occupancy Tax-Lodging Only)
884-3100 Ext 113*

PLAN REVIEW CHECKLIST

1. The plan should be a minimum of 11 x 14 inches, accurately drawn to a minimum scale of 1/4 inch = 1 foot.
2. **The plan should include:**
 - (a) Site plan
 1. showing location of any buildings for food service
 2. onsite septic (including grease trap) and well areas
 3. location of dumpsters (if applicable).
 - (b) Finish Schedule...for floors, walls, ceilings for each area of the food establishment
 - (c) Plumbing plan showing:
 1. water supply and waste lines
 2. location of floor drains, hub drains and floor sinks
 3. hot water generating equipment
 4. location of grease interceptor
 5. Handwashing sinks in food preparation, food dispensing, and warewashing areas
 - (d) Electrical plan showing location of light fixtures, electrical outlets, and electrical panels.
 - (e) Ventilation plan showing location hoods and diffusers.
 - (f) Location of all food equipment
 1. each piece of equipment clearly labeled
 2. equipment label on the plan must match the equipment list on this application
 - (g) Any auxiliary areas such as storage rooms, refuse rooms, dining rooms and toilet rooms
3. **Information accompanying the plans should include:**
 - (a) This completed Food Service Plan Review and Permit Application Form
 - (b) Proposed menu (*an accurate listing of all food and drink menu items that will be offered*)
 - (c) Manufacturer's specification sheets for each piece of equipment including sinks.

Note the following:

- Food equipment shall be used in accordance with the manufacturer's intended use and be certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program. If the equipment is not certified or classified for sanitation, the equipment shall meet Parts 4-1 and 4-2 of the Food Code.
- Lighting requirements:
 - 108 lux (10 foot-candles) 30 inches above the floor in walk-in refrigeration units, dry food storage areas, and other areas during periods of cleaning.
 - 215 lux (20 foot-candles):
 - At a surface where food is provided for consumer self-service
 - Inside equipment such as reach-in and under-counter refrigerators
 - At 30 inches above the floor in areas used for handwashing, warewashing, and equipment and utensil storage
 - In toilet rooms
 - 540 lux (50 foot-candles) at a surface where a food employee is working with food or working with utensils or equipment.
- Failure to provide all requested information will delay your plan review completion.

Establishment Name: _____

FINISH SCHEDULE **Your Plan Page:** _____

Applicants must fill in materials (i.e., quarry tile, stainless steel, 6" plastic covered molding, etc.) Finish schedule does not need to be completed if included on blueprints/plans and plan page is indicated above.

AREA	FLOOR	BASEBOARD/ Floor-to-Wall Juncture	WALLS	CEILING
Kitchen				
Dishwashing				
Food Storage				
Other Storage				
Waitstaff Station				
Bar				
Dining Areas				
Restrooms				
Dressing Rooms				
Mop/Can Wash				
Garbage & Refuse				
Other				

PLUMBING

Water Supply and Sewage:

Is water supply: Municipal Well

Is sewer: Municipal Well

Will ice: be made on premises or purchased Where? _____

Handwashing

Indicate number and location of food service hand sinks: _____

Establishment Name: _____

Dishwashing

▪ **Manual Dishwashing** (*required equipment*)

Bowl Size: L _____ x W _____ x D _____ Number of compartments: _____

Length of drainboards: Right _____ Left _____

Sanitizer: Chlorine (bleach) Quaternary Ammonium Hot Water Other? _____

▪ **Mechanical Dishwashing:** If a dishmachine will be used, please indicate:

Dishmachine manufacturer _____ Model Number: _____

Type of sanitization: Hot water (180°F) Constant Temp (165°F) Chemical (50 ppm Chlorine)

▪ List cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishmachine and describe how it will be cleaned and sanitized: _____

▪ Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space (include equipment # or name if applicable): _____

Mop and Trash Can Cleaning Facilities:

- Location and size of service sink (can wash/mop wash) _____
- If a separate mop basin is provided, describe type and location: _____

HOT WATER: Information on Proposed (or existing) Hot Water Heater (s)

Tank type:

Manufacturer and model _____ Storage Capacity _____ gallons

GAS: Btu rating _____ **ELECTRIC:** kW rating _____
Efficiency of unit (%): _____ Recovery Rate _____ (gph at 80°F rise)

Recovery Rate _____ (gph at 80°F rise)

Tankless:

Manufacturer and model _____

GPM rating at 80°F temperature rise _____

Number of units to be used: _____

GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes No
If yes, where _____
2. Outside garbage storage: Dumpster Compacting dumpster Trash Cans Grease Dumpster
3. Surface and location where garbage will be stored (asphalt drive, concrete pad, etc.) _____

4. Provision for cleaning dumpster/compactor: On-site Off-site
If off-site cleaning, provide name of cleaning contractor. Contract must be available prior to permitting.

5. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.) _____

Establishment Name: _____

INSECT AND RODENT Control

- How is fly protection provided on all outside doors?
 Self-closing door Fly Fan Screen Door Other (describe) _____
- How is fly protection provided on windows?
 Self-closing Fly Fan Screening Other (describe) _____
- Location of insecticide/rodenticide storage: _____

FOOD SERVICE EQUIPMENT and PROCESSES

COLD STORAGE

Refrigeration Capacity			
Reach-in Refrigeration		Walk-in Refrigeration	
Number of reach-in refrigeration units		Number of walk-in refrigeration units	
Total cubic feet of reach-in refrigerated units		Total cubic feet of walk-in refrigeration units	
Total cubic feet of reach-in freezer units		Total cubic feet of walk-in freezer units	

Method used to determine cold storage requirements and capacity _____

COLD HOLDING

Please list all foods that will be held cold: _____

HOT HOLDING

Please list all foods that will be held hot: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 45°F (7°C) or 41°F/5°C within 6 hours. If "Other" is checked indicate type of food.

Cooling Process	Meat	Seafood	Poultry	Other	Type Food
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rapid Chill (blast chiller)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List the foods you will cool daily: _____

Establishment Name: _____

THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed. If "Other" is checked indicate type of food.

Thawing Process	Meat	Seafood	Poultry	Other	If Other-Type Food
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Running Water less than 70° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave (cooked immediately)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DRY STORAGE

Where will dry goods be stored? _____

Shelving Unit Location	# of units	# of shelves per unit	Width of shelf in feet	Depth of shelf in feet	Space between shelves in ft.

POISONOUS and TOXIC MATERIALS:

Where will cleaners and sanitizers be stored? _____

Where will other toxic items be stored? _____

LINENS: Location of clean linen storage: _____

Location of dirty linen storage: _____

EMPLOYEE AREAS

Indicate location for storing employees' personal items: _____

Indicate location for employee breaks _____

Location of chemical storage _____

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- If the food will arrive ready-to-eat (*prewashed salads*) or ready to cook without processing (*already portioned*)
- Where the food will be stored
- Where and how the food will be handled---washed, cut, marinated, breaded, cooked, if leftovers will be cooled and reheated for service another day; and the specific pieces of equipment where the processes will be done.
- When (time of day and frequency/day) food will be handled

Establishment Name: _____

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish, cooked and cooled foods, cured/dried meats)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

Please provide any information you believe will explain any of your answers or help in our review of your planned operations.

