

Food Establishment Plan Review Application

This application must be completed in its entirety, or your review may be significantly delayed.

To verify franchised or chain food establishment designation for the purpose of plan review as specified in Section 8-201.11 of the North Carolina Food Code please refer to Position Statement 'Franchised or Chain Food Establishment Designation for Plan Review' at <https://ehs.dph.ncdhhs.gov/faf/docs/foodprot/FranchisePlanReview.pdf> .

Type of Construction: NEW REMODEL CONVERSION *RTAP

*Revisions to Approved Plans: Provide a list of all changes to the previously approved plans. Revise application as related

For REMODEL, specify the scope of work:

Establishment Information

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____

County: _____

Owner Information

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: ____ - ____ - ____

E-mail Address: _____

Submitter Information

Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: ____ - ____ - ____ Email: _____

Title (owner, manager, architect, etc.): _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____
(Owner or Responsible Representative)



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. Though electronic plans are welcome, they must be accompanied by printed plans.

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 of hoods and diffusers.

(f) Location of all food equipment

1. each piece of equipment clearly labeled
2. equipment label (or number) 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 labeled with the number of the equipment item used on the floor plan.

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 and response.

On-line Construction guidelines: <https://ehs.dph.ncdhhs.gov/faf/food/planreview/index.htm>

On-line Rules: <https://ehs.dph.ncdhhs.gov/rules.htm>

On-line information is available: transylvaniahealth.org/environment/

Establishment Name: _____

Daily Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals served daily:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of food deliveries received per week: _____

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

Type of food service: (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sit-down meals |
| <input type="checkbox"/> Food Stand | <input type="checkbox"/> Take-out meals |
| <input type="checkbox"/> Drink Stand | <input type="checkbox"/> Catering / <input type="checkbox"/> Delivery |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Custom Self-Service Area |
| <input type="checkbox"/> Meat Market | |
| <input type="checkbox"/> Other (explain): _____ | |

Type of utensils used:

Single-service (disposable):

-
- Plates
-
- Glassware
-
- Silverware

Multi-use (reusable):

-
- Plates
-
- Glassware
-
- Silverware

Will **specialized processes** be used as specified in Section 3-502.11 of the North Carolina Food Code?

-
- Yes
-
- No

If YES, indicate which processes will be used:

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Curing | <input type="checkbox"/> Acidification (sushi, etc.) | <input type="checkbox"/> Reduced Oxygen Packaging (eg: Vacuum) |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Sprouting Beans | <input type="checkbox"/> Other |

Explain checked processes:

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Health Care Facility |
| <input type="checkbox"/> Assisted Living Center | <input type="checkbox"/> School with pre-school aged children | |
| <input type="checkbox"/> N/A | | |

Will any **virtual brands** be provided?

-
- Yes
-
- No

If YES, list brand names: _____

Menu to be served: _____

Estimated number of meals per week: _____



Establishment Name: _____

Cold Storage:

How was the volume of cold storage indicated below determined to be adequate?

Reach-in cold storage (in cubic feet):

Walk-in cold storage (in cubic feet):

Reach-in refrigerator storage: _____ ft³

Walk-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

Cold Holding:

List foods that will be held **cold**: (include equipment used)

Hot Holding:

List foods that will be held **hot**: (include equipment used)

Cooling:

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (7°C) within 6 hours.

If "Other" is checked indicate the type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
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**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(**Check only if rapid chill equipment such as blast chillers are provided.)

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
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70°F (21°C)	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Food Handling Procedures: (Should be provided by owner/owner's representative)

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. Please use additional paper or word documents if needed.

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.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, hot held, etc.)
- When (time of day and frequency/day) food will be handled

1. Ready to eat foods: *Edible without additional preparation necessary. e.g., salads, cold sandwiches, raw molluscan shellfish*

2. Produce; grains and pasta: *e.g., beans, rice, macaroni*

3. Poultry:

4. Meat:

5. Seafood:



Establishment Name: _____

Dry Storage:

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

Where will dry goods be stored? _____

Square feet of dry storage shelf space: _____ ft²

Finish Schedule:

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other:				
Other:				

Water Supply and Sewage:

Water supply: Municipal Well

Sewer: Municipal Septic

Will ice be: Made on premises

Purchased

Water heater(s):

Tank type:

a. Manufacturer and model: _____

b. Storage capacity: _____ gallons
 Electric water heater: _____ kilowatts (kW) Gas water heater: _____ BTU's

c. Water heater recovery rate (gallons per hour at 80°F temperature rise): _____ GPH

Tankless:

a. Manufacturer and model: _____

b. Quantity of tankless water heaters: _____

c. Water heater recovery rate (gallons per minute at 80°F temperature rise): _____ GPM

(See Water Heater Calculators on the Plan Review Unit website to calculate recovery rate needed)



Establishment Name: _____

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warewashing Equipment:

Manual Warewashing:

Size of each sink compartment (inches): Length: ____ Width: ____ Depth: ____

What type of sanitizer will be used?

Chlorine Iodine Quaternary Ammonium Hot Water Other (specify)

Mechanical Warewashing:

Will a warewashing machine be used? Yes No

Warewashing machine manufacturer and model: _____

Type of sanitization: Hot water (180°F) Chemical

General:

Describe how cooking equipment, cutting boards, slicers, counter tops, other food contact surfaces and clean in place equipment that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space:

Square feet of air drying space: ____ft²



