



Craven County Health Department

Transitional Permit Application

Current Name of the Establishment: _____

Address: _____ City: _____ Zip Code: _____

New Establishment Name: _____

New Owner: _____ (Person, Corporation, or Partnership)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____

Email Address: _____ # of Seats Proposed: _____

Projected Date of Purchase: _____

Complete menus from the current facility and the proposed new menu must accompany this application.

Proposed hours of operation: _____

NOTICE: Once issued by the Health Department, a Transitional Permit is valid for 180 days from the date of issuance. All non compliant items listed on this temporary permit must be brought into compliance with the NC Food Code within 180 days or the permit will be revoked.

Transitional Permit Application for an Existing Food Service Establishment

The following information is required for the transitional permit application to be complete:

Please list any changes that you are considering for this facility:

Attach a separate sheet if needed

If layout or equipment changes are planned, please provide a floor plan drawn to scale (1/4" = 1 foot) showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities. Drawings can be submitted in adobe pdf.

_____ Provided specification sheets for each piece of new or replacement equipment. All new equipment must be identified on a separate list. All equipment must be NSF listed, UL classified for sanitation or be constructed to meet NSF/ANSI standards.

_____ Proposed menu

_____ Transitional permits are valid for only 180 days from the date of issuance. It is the responsibility of the owner to complete the permit conditions before expiration date. Expiration of a transitional permit will require a full plan review application to be submitted.

Submittal Items Reviewed by _____

Submittal Date _____
Staff initial

Fee Paid: N/A

Office hours are Monday through Friday 8:00 am to 5:00 pm. If we can be of further assistance, contact Environmental Health at 252-636-4936 or envhealth@cravencountync.gov

Transitional Permit Application for an Existing Food Service Establishment

Hours of Operation

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

Type of Food Service (Check all that apply)

Restaurant _____	Sit-down meals _____
Food Stand (no seats provided) _____	Take-out _____
Drink Stand _____ (no food served but using multi-use glassware)	Single-Service _____ (Disposable dishes and/or utensils)
Commissary _____ Meat	Catering _____
Market _____	Multi-use _____ (Reusable dishes and or utensils)
Lodging Food Service _____	Other (Explain) _____

Food Processing Procedures

Specialized processes

The processes below require an application to the State for an approved variance.

Indicate any specialized processes that will take place:

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

Explain checked processes on separate sheets: included: yes _____ No _____

Additional information will be provided by the health department to complete the application.

Water Supply–Sewage Disposal-Equipment Specifications

Water Supply: City _____ Well _____

Sewer: City _____ Onsite _____

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Water Heater Specifications:

(Manufacturer information sheet or plate on tank)

Manufacturer _____ Model _____

Tank Size: (gallons) _____ Recovery @ 100° Rise _____

Power Rating: Gas _____ (BTU'S) Electric _____ (kW)

Dish machine:

(Manufacturer information sheet or plate on machine)

Manufacturer _____ Model _____

Booster Heater Yes _____ No _____ Gallons per Hour _____

Chemical Sanitizer Yes _____ No _____

Leased Machine Yes _____ No _____

Three-compartment Pot Wash Sink:

Sink Size (in inches) front to back _____" x Width _____" x Depth _____"

Drain Board: Width _____" x Depth _____"

Indirect Drains Yes _____ No _____

Can Wash/ Mop Sink:

(at least 36" x 36")

Location _____

Disposal of Solid Waste:

Dumpster _____ Roll out Cart _____

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Complete this section only if changes to menu and food preparation is planned

Thawing

Check the appropriate box to indicate how food will be thawed

Thawing Process	Meat	Seafood	Poultry	Vegetables	Other
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as Part of Cooking Process					

Cooling

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 41° after being cooked.

Cooling Process	Meats	Seafood	Poultry	Vegetables	Soups	Sauce
In the refrigerator in shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

Preparation Procedures

Produce:

Will produce be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will produce be prepared and / or rinsed? _____
 Additional information: _____

Seafood:

Will Seafood be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will seafood be prepared and / or rinsed? _____
 Additional information: _____

Poultry:

Will poultry be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will poultry be prepared and / or rinsed? _____
 Additional information: _____

Pork and / or Red Meat:

Will pork and / or red meat be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will pork or red meat be prepared and / or rinsed? _____