



Craven County Health Department

Food Service Establishment Plan Review and Permit Application

Type of Plan Review:

New Construction

Remodel

Demographics

Name of Establishment: _____

Physical Address: _____

Street

City

State

Zip Code

Mailing Address: _____

Street

City

State

Zip Code

Phone #: _____ Fax #: _____

Manager/Person in Charge: _____

Phone #: _____ Email: _____

Owner: _____

Address: _____

Street

City

State

Zip Code

Phone #: _____ Email: _____

Establishment is owned by:

Association

Corporation

Other Legal Entity

Partnership

Individual

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers and the local resident agent if one is required based on the type of legal ownership.

Applicant (if different than the Owner): _____

Address: _____

Street

City

State

Zip Code

Phone #: _____ Email: _____

NOTE: If food service facility is served by a septic system or a well, an inspection must be conducted by the Health Department prior to submitting this application. Please contact the Onsite Water Protection section at: 252-636-4936.

Project Information

Projected start date of construction*: _____ Projected opening date*: _____

Total Square Footage of Facility: _____ Seating: Total Number (including outdoor seating): _____

Plan pages submitted: Equipment Plumbing Lighting Site

Craven County Health Department

Specifications Submitted: Equipment Hot Water Heater Menu Finish Schedule **Note:** Equipment includes sinks, prep tables, and mechanical warewashing equipment

***Please note that franchised or chain facility applications will be reviewed by the State, pursuant to G.S. 130-248 – Contact the NC Department of Health and Human Services at: 919-707-5864 or at <http://ehs.ncpublichealth.com/faf/food/planreview/app.htm> for more information.**

Operation Details

Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Type of Food Service: Check all that apply

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Drink Stand | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Food Stand | <input type="checkbox"/> Sit-down Meals | <input type="checkbox"/> Commissary |
| <input type="checkbox"/> Buffets or Customer Self-Service Areas | <input type="checkbox"/> Meat Market | |
| | <input type="checkbox"/> Take-out meals | |

Customer Utensils: Check all that apply

Single-service (disposable):

- | | | |
|---------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Plates | <input type="checkbox"/> Glassware | <input type="checkbox"/> tableware |
|---------------------------------|------------------------------------|------------------------------------|

Multi-use (reusable):

- | | | |
|---------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Plates | <input type="checkbox"/> Glassware | <input type="checkbox"/> tableware |
|---------------------------------|------------------------------------|------------------------------------|

Food Service Methods

Will any specialized processes occur in the establishment? (e.g. smoking meats or fish, curing, acidifying sushi rice, vacuum packaging, cook-chill, sous vide, etc.) Yes No

If, you checked "yes", indicate any specialized process that will take place:

- | | |
|--|--|
| <input type="checkbox"/> Reduced Oxygen Packaging (i.e. vacuum packaging, sous vide, cook-chill) | <input type="checkbox"/> Acidification (sushi rice, chow chow, etc.) |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Curing | |
| <input type="checkbox"/> Sprouting Seeds or Beans | |

****Please attach procedures and/or HACCP plan to this application**

Are you requesting a variance per Food Code 3-502.11? Yes No If yes, attach Variance Application

Will any food additives be used? (MSG, sulfites, food dyes, etc.) Yes No

If yes, please explain: _____

Will any meat be partially cooked for final cooking later? Yes No If yes, please attach procedure.

Will any meats, seafood, shellfish, poultry, or eggs be served or sold raw or undercooked? Yes No

If yes, please indicate which items: _____

Craven County Health Department

Not served on the menu.

Purchased and received frozen.

Purchased and received fresh.

Purchased in pre-portioned, ready-to-cook form.

Will poultry be washed? Yes No

If yes, where and how often will poultry be washed? _____

How will raw meats (beef, pork, lamb) be purchased? (Check all that apply).

Not served on the menu.

Purchased and received frozen.

Purchased and received fresh.

Purchased in pre-portioned, ready-to-cook form.

Will raw meats (beef, pork, lamb) be washed? Yes No

If yes, where and how often will raw meats be washed? _____

How will seafood be purchased? (Check all that apply).

Not served on the menu.

Purchased and received frozen.

Purchased and received fresh.

Purchased in ready-to-cook form.

Will seafood (shrimp, whole fish) be washed, deveined or scaled at the establishment? Yes No

If yes, where and how often will seafood be washed, scaled or de-veined? _____

Will shellfish (clams, mussels or oysters) be sold in the establishment? Yes No

If yes, describe the food handling process. _____

Will raw meats be injected, pinned, cubed or ground in the establishment? Yes No

If yes, list the raw meats that will be prepared this way. _____

Will game animals be served in the establishment? Yes No

If yes, provide the supplier's name. _____

Will this establishment cater food to another location? Yes No Maximum Number of catered meals per day: _____

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

Nursing Home

Assisted Living Center

Child Care Center

Health Care Facility

School with pre-school aged children

Not applicable

If yes, list the menu items that will be catered. _____

How many food prep sinks will be provided?

Will attached drain boards be provided?

Warewashing and Utensil/Wares Storage

How will utensils be washed, rinsed and sanitized? (Check all that apply) Dish Machine Three-compartment sink

If a dish machine will be used, provide the make and model number of the dish machine below. Data plate must be attached to machine.

Make _____ Model # _____

Does the dish machine use a chemical or hot water to sanitize utensils during the rinse cycle? Chemical Hot Water

If a three-compartment sink will be used, provide the length, width and depth (in inches) of the compartments below.

Length (inches) _____ Width (inches) _____ Depth (inches) _____

If a three-compartment sink will be used to wash, rinse and sanitize utensils, what type of sanitizer will be used? Chlorine

Quaternary ammonia Other

Where will utensils be air-dried? _____

Craven County Health Department

Dry Storage

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

Square feet of dry storage shelf space: _____ ft² What type of shelving is provided in storage areas: _____

Where will dry goods be stored? _____

Employee Area

Indicate location for storing employees' personal items: _____

Insect and Rodent Control

Will outside doors be self-closing with rodent-proof flashing? Yes No

Will the establishment have a drive-thru or walk-up window? Yes No

If yes, describe how insects will be kept out (i.e. self-closing window, fly fan, etc.).

Will openings around pipes and electrical conduits be sealed? Yes No

Water Heater

Tank Type:

Manufacturer: _____ Model Number: _____

Storage capacity: _____ gallons

Electric water heater _____ Kilowatts (kW) Gas water heater: _____ BTUs

Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ GPH (gallons per hour)

Tankless:

Manufacturer: _____ Model Number: _____

Quantity of tankless water heaters: _____

Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ GPM (gallons per minute)

Water Heater Calculation Worksheet

Equipment	Quantity	Times	Size		GPH
Three-comp. sink (see note)		X	X X	=	
Four-comp. sink (see note)		X	X X	=	
One-comp. Prep Sink		X	5 GPH	=	
Two-comp. Prep Sink		X	10 GPH	=	
Three-comp. Prep Sink		X	15 GPH	=	
Three-comp. Bar Sink (see note)		X	X X	=	
Four-comp. Bar Sink (see note)		X	X X	=	
Hand Sink		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash		X	10 GPH	=	
Mop Sink		X	5 GPH	=	

Craven County Health Department

Dish Machine		X	GPH = 70% of "Final Rinse Usage"	=	
Clothes Washer		X	15 GPH	=	
Hose Reel		X	5 GPH	=	
Other Equipment		X		=	
Other Equipment		X		=	
Gallons per hour (GPH) Recovery Rate needed (based on 100°F temperature rise)				Total	

Note: GPH Calculation for Sinks	$GPH = (\text{Sink size in cu. in.}) \times (7.5 \text{ gal./cu. ft.} \times (\# \text{ compartments} \times .75 \text{ capacity})) \div \text{in./cu. ft.}$ 1,728 cu. in./cu. ft.
Short version for above	$GPH = (\text{Sink size in cu. in.}) \times (\# \text{ compartments}) \times (.003255/\text{cu. in.})$ Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH

Other Storage

Location of chemical storage:

Location of clean linen storage:

Location of dirty linen storage:

Solid Waste/Cleaning Facilities

What type of solid waste storage containers will be used? (Check all that apply) Compactor Dumpster Roll-out container

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

Will a pad sloped to drain be placed under dumpsters, trash cans, recyclables, oil/grease containers? Yes No

Describe the location of the can wash / mop sink? _____ Size of can wash/mop sink _____

What is the size (sq. ft) of the trash can wash basin? _____ Where will wet mops and brooms be stored? _____

Plumbing Cross-Connections

The following information is needed on the proposed plumbing. Check the appropriate box indicating equipment drains. It is recommended this section be completed by a qualified plumber, architect or engineer.

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Dish Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Grinder	<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"/>

Craven County Health Department

Ice Storage Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand washing sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Wells	<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"/>
Potato Peeler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steamer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kettle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink Dispensers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar Sink/Glassware Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mop Sink	<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"/>
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"/>

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules. I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: _____ Date: _____

Print Name and Title: _____