



Craven County Health Department

Food Service Establishment Plan Review and Permit Application

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the facility.

The *North Carolina Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600)* requires that plans be submitted to the local Health Department for approval **prior to the** construction, renovation or modification of a food service facility located in Craven County. The application must contain all supporting documents or it will not be accepted. All applicable fees must be paid at that time and fees may be paid over the phone or a check may accompany the submittal.

Please be aware that plans for franchised, chain, and prototypical facilities are also required to be submitted to the State of North Carolina Department of Health and Human Services, Division of Environmental Health, Plan Review Unit (phone number: 1-919-707-5684, website: <https://ehs.ncpublichealth.com/faf/food/planreview/index.htm>).

Submittal Checklist:

1. Plan Review Fee (see [Fees](#) schedule on website or call 252-636-4936)
2. Employee Health and Personal Hygiene Plan describing process to exclude or restrict food workers who are sick, diagnosed, been exposed to food-borne illness, or have infected cuts and lesions.
3. A completed Food Establishment Plan Review Application (below)
4. A copy of the proposed menu. Indicate which food items will be produced by specialized food processes on site and indicate any food items which will be served raw, undercooked, or not otherwise processed to eliminate pathogens AND how that will be disclosed on the sample menu
5. A complete set of plans, drawn to scale (no smaller than 1/4"-1'), showing the location of equipment, plumbing, and lighting/electrical services. The plans and specifications should include at least the following, but not limited to:
 - Site plan including; dumpster location, grease storage container location, entrances and exits, loading and unloading areas.
 - A floor plan with the location of all food service equipment with each unit clearly identified
 - Refrigeration and hot-holding equipment
 - Utensil wash sink, dishwasher equipment with designated soiled dishes area, designated air-drying location, and designated storage of clean dishes and utensils
 - Food preparation sinks, labeled for usage
 - Handwashing sinks
 - Storage rooms, garbage rooms, toilet rooms
 - Finish schedule for each room including floors, walls and ceilings, floor and wall joint coving
 - Electrical layout that meets lighting requirements: 50 foot-candles at food contact surfaces, food preparation area, and food cooking area; 20 foot-candles at consumer

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self-service, handwashing and ware washing areas; and 10 foot-candles at walk ins and dry food storage

- Food and dry goods storage area; Note all items shall be stored at least 6 inches above the floor
 - Plumbing schedule, including floor drains, floor sinks, waste water lines, hot water generating equipment (manufacturer, model and recovery rate specifications shall be submitted), grease traps and/or grease interceptor location, handwashing sinks, ware washing sinks, dump sinks for bars, prep sinks and facilities for the washing of garbage cans and mops
 - Cabinets/shelves for storing toxic chemicals
6. Manufacturer specification or cut sheets for each piece of equipment shown on the plans; all food service/kitchen equipment must be commercial and meet ANSI sanitation standards
 7. Standard procedures that ensure compliance with the NC Food Code (or state which ones are being developed). Designated clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and equipment for hot-holding potentially hazardous foods

Additional planning Information can be found at:

NC DHHS Plan Review Guidelines

Food Establishment Plan Review Manual

<https://ehs.ncpublichealth.com/faf/food/planreview/docs/plan-review-for-food-establishments-guide-2016-final.pdf>

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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

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

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***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: _____

Will sushi or sashimi be served? Yes No

If yes, indicate supplier name and contact information: _____

How will parasites be destroyed? (per Food Code 3-402.11) _____

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Will any food be packaged for retail sale (ex. Grab-n-go sandwiches, soups, salads, etc.)? Yes No

If yes, please indicate which items: _____

If yes, please explain labeling method: _____

Thawing Processes

Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked indicate type of food.

Thawing Process	Meat	Seafood	Poultry	Sauces	Soups	Other	Other
Refrigeration	<input type="radio"/>						
Running water (less than 70° F (21° C))	<input type="radio"/>						
Cooked Frozen	<input type="radio"/>						
Microwave	<input type="radio"/>						

Cooling Processes

Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be cooled to 70 F (21 C) within 2 hours and to 41 F (7 C) within another 4 hours. If "Other" is checked indicate type of food

Cooling Process	Meat	Seafood	Poultry	Sauces	Soups	Other	Other
Shallow Pans	<input type="radio"/>						
Ice Baths	<input type="radio"/>						
Rapid Chill	<input type="radio"/>						
Other	<input type="radio"/>						

Cold Storage

Provide total cubic-feet or space dedicated to walk-in cold storage:

1. Walk-in refrigeration storage _____ 2. Walk-in freezer storage _____

Provide total cubic-feet of space dedicated to reach-in cold storage:

1. Reach-in refrigeration storage _____ 2. Reach-in freezer storage _____

Number of refrigeration units: _____

Number of freezer units: _____

Food Preparation

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

- Not served on the menu. Purchased in pre-washed, ready-to-eat form.
 Purchased in bulk and washed/chopped in the establishment.

If purchased in bulk form, where and how often will produce be washed? _____

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

- Not served on the menu. Purchased and received fresh.
 Purchased and received frozen. Purchased in pre-portioned, ready-to-cook form.

Will poultry be washed? Yes No

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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 fresh.
- Purchased and received frozen.
- 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 fresh.
- Purchased and received frozen.
- 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? _____

Dry Storage

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

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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		=
Dish Machine		X	GPH = 70% of "Final Rinse Usage"		=
Clothes Washer		X	15 GPH		=

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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	$GPH = (\text{Sink size in cu. in.}) \times (7.5 \text{ gal./cu. ft.} \times (\# \text{ compartments} \times .75 \text{ capacity}))$ 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"/>
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"/>

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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: _____