



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

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- 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.dph.ncdhhs.gov/faf/food/planreview/docs/plan-review-for-food-establishments-guide-2016-final.pdf>

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Food Service Establishment Plan Review and Permit Application

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

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: _____ Phone number: _____

Owner Information

Owner or Owner's

Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ Email: _____

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

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: X _____

(Owner or Responsible Representative)

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

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Daily Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected number of meals served daily:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of food deliveries 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): | Multi-use (reusable): |
| <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware | <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> 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 Homes | <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 brans** be provided?

- Yes No

If YES, list brand names: _____

Menu to be served: _____

Estimated number of meal per week: _____

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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.

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:**

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Dry Storage:

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

Where will dry good 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				
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 minute at 80°F temperature rise): _____ GPM

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 Calculator on the next page or on the Plan Review Unit website to calculate recovery rate needed)

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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"	=	
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					Total

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"/>

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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

Handwashing:

Indicate number and location of handwashing sinks:

Employee Accommodations:

Indicate location for storing employees' personal items (ex. coats, purses, medication, etc.):

Refuse and Recyclables:

Will refuse be stored inside Yes No

If yes, where: _____

Provision for refuse disposal: Dumpster Compactor

Will a contract for off-site cleaning of the dumpster/compactor be obtained? Yes No

If yes, indicate name of cleaning contractor: _____

Will the dumpster/compactor be cleaned at the establishment? Yes No

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

Service Sink:

Location and size of service (mop) sink/can wash: _____

Describe location for storage of cleaning implements (e.g. mops, brooms, hoses, etc.):

Insect and Rodent Control:

How is protection provided on all outside doors?

- Self-closing door Fly Fan Screen Door

How is protection provided on windows (including drive-thru windows) or other openings to the outer air?

- Self-closing Fly Fan Screening N/A

Linen:

Indicate location of clean and dirty linen storage: N/A (no linen storage on site)

Poisonous and Toxic Material:

Indicate location of poisonous and/or toxic materials (chemical, sanitizers, etc.) storage: