

PLAN REVIEW
APPLICATION FOR
SEAFOOD MARKET



PROPOSED NAME OF ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____

ESTABLISHMENT PHONE (if available) _____

OWNER NAME _____ OWNER PHONE _____

MAILING ADDRESS _____

CONTACT NAME _____ CONTACT PHONE _____

HOURS OF OPERATION _____

BUILDING INFORMATION

New Building _____

Existing Building _____

Proposed Construction Date _____

Proposed Opening Date _____

City Water _____

Private Well _____

Other _____

City Sewer _____

Septic System _____

Other _____

WATER HEATER CAPACITY:

Gallons _____

Watts _____ BTUs _____

(Hot water must be supplied at a minimum temperature of 130° F)

FINISH SCHEDULE:

	FLOORS	WALLS	CEILING
SEAFOOD PREPARATION AREA			
DISHWASHING AREA			
STORAGE ROOMS			
RESTROOMS			

Will a dumpster be used? YES () NO ()

If yes, will dumpster be cleaned on-site or off-site? _____

If off-site, please attach copy of dumpster cleaning contract.

FOOD AND EQUIPMENT HANDLING:

Is ice made on premises or purchased commercially? _____

If made on premises, submit specifications for ice machine.

Will any seafood be cleaned, scaled or eviscerated on-site? YES () NO ()

If yes, describe planned location and equipment for procedure:

Will any seafood be thawed on-site? YES () NO ()

If yes, describe planned location and equipment for procedure:

Will shellfish be stored on-site prior to sale? YES () NO ()

If yes, describe planned location for storage and procedure for retaining identification tags:

Which of the following will be used to clean/sanitize utensils:

Two-compartment sink () Three-compartment sink () Dishwasher ()

If dishwasher, describe sanitizing process

If two or three-compartment sink, describe procedure for manual cleaning & sanitizing

Are test kits available for checking sanitizer concentrations? YES () NO ()

Describe how equipment, cutting boards and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be sanitized:

Please submit this application with the following items to Environmental Health Division, Craven County Health Department, 2818 Neuse Blvd., New Bern, NC 28561. Call (252) 636-4936 for more information.

- 1. Proposed seafood products to be sold.**
- 2. Site plans and equipment layout drawn to scale (recommend 1/4" = 1')**
- 3. Equipment specification (make, model, manufacturer specification sheets)**
- 4. Plumbing layout**
- 5. Lighting layout**
- 6. Information pertaining to approved septic system and/or private well, if applicable**

Signature

Date

