



Office use only:
 App intake date:
 App payment date:
 App Review date:

Food Service Establishment Plan Review Application

Applications may be submitted online through Chatham County Permitting Portal <https://chathamcountync.viewpointcloud.com/categories/1081>

Application Plan Review Fees: \$200 Restaurants and Food Stands \$100 Remodels and Transitionals

Application submittal package must include: **facility floor plan** **property site map** **menu**
 equipment listing with spec sheets **fee with application**

SECTION 1: GENERAL INFORMATION

Type of Construction: NEW REMODEL UPFIT

 TRANSITIONAL(change of Ownership)

For Transitional Permit Only:

| | | |
|--|-----|----|
| Are there any changes to the menu? | Yes | No |
| Are there any changes to the food operation? | Yes | No |
| Any changes to equipment? | Yes | No |

***If applicant is leasing the property, a legal representative document will be required from property.**

(MANDATORY) Owner of Establishment:

Address: _____

City: _____ State _____ Zip Code: _____

Phone Contact _____ Fax: _____

E-mail Address: _____

Applicant/Architect/Owner Representative:

Address: _____

City: _____ State _____ Zip Code: _____

Phone Contact: _____ Fax: _____

E-mail Address: _____

Title of Applicant: (owner, manager, architect, etc.): _____
 Permittee Name (name of business to be listed on foodservice permit) _____

I hereby 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. I understand that the EH Office has 30 days from application submittal to conduct the preliminary review of this application and the application will expire after 365 days of submittal date.

Signature/Date: _____ / _____
 (Owner or Responsible Representative)

***Contact Central Permitting 919.542.8230 for proper permits and approvals. Failure to obtain Central Permitting approvals may hold up the issuance of a food service permit

Hours of Operation:

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

Projected number of meals served during daily operation:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats for dining (interior/exterior): _____ / _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

Number of meals between deliveries: _____

SECTION 2: TYPE OF FOOD SERVICE - CHECK ALL THAT APPLY

Restaurant
 Drink Stand

Restaurant with Catering (if applying for catering only operation out of shared restaurant. Do not use this application. Complete the catering application.)

Food Stand, Deli
 Meat Market

Carry out/pick up meals only
Off site catering

SECTION 3: TYPE OF DINING UTENSILS

Drop off food to site

Stay with food during served

Single-service (disposable) Re-useable Plates Glassware Silverware

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

1. Meat
2. Seafood
3. Poultry
4. Other (explain):

SECTION 4: COLD FOOD HOLDING

1. Food items that will be held cold prior to serving:
2. How will cold potentially hazardous food (PHF) be maintained at 41°F. (5°C.) or below during the service process?
3. Indicate the Equipment Manufacturer, model, and number of proposed cold holding units.
4. Walk-in refrigerated storage space:
 - a) Number of walk-in refrigeration units: _____, total cubic feet
 - b) Number of walk-in freezer units: _____, total cubic feet
5. Reach-in refrigerated storage space:
 - a) Number of reach-in refrigeration units: _____, total cubic feet
 - b) Number of reach-in freezer units: _____, total cubic feet

6. Indicate proposed preparation process by checking the appropriate boxes how potentially hazardous food (PHF) in each category will be thawed. If “Other,” indicate type of food:
- Frozen to Refrigeration Unit Frozen to Cooking Process Microwave
 Running Water under 70°F (21°C.) Other (explain):



The [Dry & Refrigerated Storage Calculation Sheet](#) can help quickly calculate the Walk-In Refrigerated Storage, Reach-In Refrigerated Storage, Dry storage for Storeroom or area and Dry Storage Shelving in the facility.

SECTION 5: HOT FOOD HOLDING

1. How will hot potentially hazardous food (PHF) be maintained at 135°F (57°C.) or above until needed for customer service?
2. Indicate the number, Manufacturer and model information for proposed hot food holding units

-
3. List all foods that will be held between 41°F (5°C) and 135°F (57°C) for any of the following zones, and indicate how long (hours) the food will remain in this temperature until served.
STORAGE:

DISPLAY: _____

SERVICE: _____

COOLING: _____

4. How will ingredients for cold ready-to-eat foods such as tuna, chicken, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

The [Dry & Refrigerated Storage Calculation Sheet](#) can help quickly calculate the Walk-In Refrigerated Storage, Reach-In Refrigerated Storage, Dry storage for Storeroom or area and Dry Storage Shelving in the facility.

5. When required, how will owner comply with the mandatory consumer advisory details as prescribed within section 3-603.11 of the [North Carolina Food Code](#)?

SECTION 6: FOOD PREPARATION

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used during the preparation, handling, or storage of the food product.

NOTE: If your company has developed food preparation procedures, they should be submitted.

1. PRODUCE PREPARATION PROCEDURE *

- a) Will produce be washed, rinsed or otherwise handled prior to use? Yes No
- b) Is a separate location provided for the washing or rinsing of produce? Yes No
- c) Indicate location of produce washing or handling equipment and describe the procedure. Include the time of day and frequency of produce preparation, plus menu items that contain produce food products.
-
-

2. SEAFOOD PREPARATION PROCEDURE *

- a) Will seafood be washed, rinsed or otherwise handled prior to use? Yes No
- b) Is a separate location provided for the washing or rinsing seafood? Yes No
- c) Indicate the type and location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.
-
-

3. POULTRY PREPARATION PROCEDURE *

- a) Will poultry be washed, rinsed or otherwise handled prior to use? Yes No
- b) Is a separate location provided for the washing or rinsing poultry? Yes No
- c) Indicate the type and location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.
-
-

4. PORK and/or RED MEAT PREPARATION PROCEDURE *

- a) Will meat be washed, rinsed or otherwise handled prior to use? Yes No
- b) Is a separate location provided for washing or rinsing pork and/or red meat? Yes No
- c) Indicate the type and location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork and red meat.
-
-

***Note: certain [food processes](#); i.e. sushi, reduce oxygen packaging, sous vide, etc, will require an approved HACCP (Hazard Analysis Critical Control Point) Plan before being allowed. Submit applicable documentation along with this application if any specialized food processes is proposed. For questions of which process require HACCP or Variance, go to [NC HACCP and Variance Guide](#)**

SECTION 7: DRY FOOD STORAGE

1. Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time: _____
2. Provide the total square or cubic feet of shelving space which is dedicated to dry food and clean equipment storage: _____
3. Where will dry goods be stored?

SECTION 8: FINISHES

Indicate floor, base, wall, and ceiling finishes (i.e., quarry tile, stainless, vinyl coated acoustic tile)

| | Floor | Base | Walls | Ceiling |
|------------------------------------|-------|-------|-------|---------|
| Kitchen | _____ | _____ | _____ | _____ |
| Beverage Bar | _____ | _____ | _____ | _____ |
| Food Bar; i.e. Sushi, buffet, etc. | _____ | _____ | _____ | _____ |
| Order & Service Line | _____ | _____ | _____ | _____ |
| Dry Storage Area | _____ | _____ | _____ | _____ |
| Toilet Rooms | _____ | _____ | _____ | _____ |
| Garbage & Refuse | _____ | _____ | _____ | _____ |
| Mop/Can Wash Area | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ |

SECTION 9: WATER AND SEWER

1. Is water supply: Municipal (public) Well (private)
2. Is Wastewater connection: Municipal (public) Septic (private)
3. Will ice: be made on premises purchased
4. Water heater make and model: _____
5. Water heater storage capacity: _____ gallons.
6. Water heater (gallons per hour / gallons per minute at 100°F rise): _____ / _____.

7. Indicate the appropriate drain receptor* and method of disposal for the following equipment:

| | *Indirect Waste | *Direct Waste |
|----------------------------|-----------------|---------------|
| Dishwasher | _____ | _____ |
| Garbage Grinder | _____ | _____ |
| Ice Machine | _____ | _____ |
| Ice Storage Bins | _____ | _____ |
| Food Prep Sinks | _____ | _____ |
| Utensil/Pot Wash Sinks | _____ | _____ |
| Steam/Buffer Tables | _____ | _____ |
| Dipper Wells | _____ | _____ |
| Refrigeration evaporator | _____ | _____ |
| Drink Dispensers | _____ | _____ |
| Bar sink/Glassware washing | _____ | _____ |
| Clothes Washer | _____ | _____ |
| Mop Sink | _____ | _____ |
| Other | _____ | _____ |
| Other | _____ | _____ |

*Drain Receptor types: flush mounted floor drain, floor sinks, hubs, bell, etc.

SECTION 10: DISHWASHING

1. Hand dishwashing; ex. 3-compartment, etc.

a) Number of utensil sink compartments: _____
 Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
 Drain board dimensions (inches): Right: _____ Left: _____

b) What type of sanitizer will be used? Chlorine Iodine Quaternary Ammonium
 Hot Water Other (specify): _____

2. Mechanical dishwashing

a) Will an automatic Dish machine be used? Yes No, Manufacturer and model of Dish machine: _____

b) Maximum gallon of hot water used per hour (GPH): _____

c) Number of maximum racks washed per hour: _____

d) Type of sanitization: Hot water (180°F) Chemical (specify) _____

3. General

a) Indicate how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through the dishwasher will be cleaned and sanitized?

b) Indicate the location and type of air drying facilities (i.e., drain boards, wall-mounted or overhead shelves, stationary or portable racks) that will be provided by establishment.

c) Indicate the total square or cubic footage of air drying space. _____

SECTION 11: HANDWASHING/TOILET FACILITIES/ EMPLOYEE AREA/GARBAGE

Is a hand washing sink (with anti-bacterial soap and hand-drying device) located within each food preparation, handling, service, and utensil/equipment washing area? Yes No

Is a space provided for employee’s personal items; i.e. locker, dressing room, etc? Yes No
If so, describe location:

- 1. Provision for garbage disposal: Dumpster Compactor
- 2. Provision for cleaning dumpster/compactor: On-site Off-site
*NOTE: If off-site cleaning, provide name of cleaning contractor: _____
- 3. How does your business plan to handle recyclables such as cooking oil/grease, cardboard, glass, and other items?

SECTION 12: CLEANING FACILITIES

- 1. Is there a designated area for storage of housekeeping items; mop, broom, etc? Yes No
- 2. Is (at least) one floor mounted can wash/mop sink basin provided? Yes No
If so, specify location and dimensions for said unit: _____
- 3. Indicate the method of chemical and other hazardous product storage within the establishment:

- 4. Location of clean linen storage _____
- 5. Location of dirty linen storage _____

SECTION 13: PEST CONTROL

- 1. Are all outside doors self-closing and equipped with rodent-proof flashing as required?
 Yes No
- 2. Indicate the measures taken to prevent the entrance of flying insects and other pests if operable windows, roll-up or garage doors, and/or Nana walls are installed?
 Self-closing door Fly Fan Screen Door

SECTION 16: WATER HEATER SIZING

[Information about hot water heater sizing can be found: NC DHHS Plan Review Webpage.](#)

For questions about the application process, contact Lisa Morgan at 919-545-8309 or lisa.morgan@chathamcountync.gov