



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 owner.**

**(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

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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.
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**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.
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**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.
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**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.
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**\*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](mailto:lisa.morgan@chathamcountync.gov)