



**New Hanover County**  
**Health Department**  
**Environmental Health Services**  
**230 Government Center Dr., Suite 140**  
**Wilmington, NC 28403**

Telephone (910) 798-6667, Fax (910) 798-7815



SR # _____
EV# _____
Paid <input type="checkbox"/> \$ _____

**Food Establishment Plan Review Application**

Type of Construction:       NEW               EXISTING               REMODEL

**All applicants must complete this form plus the applicable section.**

**Type of Establishment:**

- |   |  |
|---|--|
| Section 1: <input type="checkbox"/> New Food Service Establishment      | Section 7: <input type="checkbox"/> Limited Food Service (Concessions) |
| Section 2: <input type="checkbox"/> Existing Food Service Establishment | Section 8: <input type="checkbox"/> Bar                                |
| Section 3: <input type="checkbox"/> Mobile Food Unit                    | Section 9: <input type="checkbox"/> Catering                           |
| Section 4: <input type="checkbox"/> Pushcart                            |  |
| Section 5: <input type="checkbox"/> Seafood Market                      |  |
| Section 6: <input type="checkbox"/> Seafood Vehicle                     |  |

Name of Establishment/Vendor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Establishment Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Applicant's Title \_\_\_\_\_

(Owner, Manager, Architect, etc.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Owner of the Food Service (if different from applicant) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contractor name & contact number \_\_\_\_\_

Projected Start Date of Project: \_\_\_\_\_ Projected Opening Date: \_\_\_\_\_

**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.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_



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## Smoking Areas in Restaurants and Bars

Will a designated smoking area be provided for customers? Yes \_\_\_\_\_ No \_\_\_\_\_

### **10A NCAC 39C .0104 CLARIFICATION OF THE DEFINITION OF ENCLOSED AREA**

- (a) An area is enclosed if it has
1. a roof or other overhead covering, and
  2. permanent or temporary walls or side coverings on three or more sides that make up 55 percent or more of the total combined perimeter service area.
- (b) A roof, overhead covering, wall or side covering includes any permanent or temporary physical barrier or retractable divider. Examples of materials for a roof, overhead covering, wall or side covering include wood, metal, canvas, tarp, cloth, glass, tent material, plastic, vinyl sheeting, fabric shades, lattice, awning material, polyurethane sheeting or any other similar material. Walls or side coverings do not include mesh screening which is 0.011 gauge with an 18 by 16 mesh count or more open mesh size.
- (c) An opening means a door, a window or any other aperture that is open to the outdoors.
- (d) If the openings in an unenclosed area are covered, such that the area at that time meets the definition of being enclosed pursuant to Paragraph (a), then smoking must be prohibited in the area while the openings are so covered.
- (e) If windows or doors form any part of the partition between an enclosed area and an unenclosed area that is used for smoking, these openings shall be closed at all times during the operation of the establishment except for ingress and egress to prevent migration of smoke into the enclosed area.
- (f) Nothing in this Rule prohibits a restaurant or bar owner from making an unenclosed area smoke-free.
- (g) Local health department environmental health staff shall assess compliance with this rule during the next required inspection following the effective date of this rule and subsequently as necessary.
- (h) Required plan review for new restaurants and restaurants undergoing a change in ownership shall include review for compliance with this rule.

*Authority G.S. 130A-497.*

**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.**

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**PRINT NAME**

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**SIGNATURE**

*“Healthy People, Safe Environment, Strong Community”*

EHS110  
11-2016

## Section 5: Seafood Market plus \$100.00 plan review fee

All information must be submitted before the plan review application will be reviewed.

All Permits Expire December 31<sup>st</sup> of each year.

NHC Board of Health Rules: <http://www.nhcgov.com/Health/boh/Pages/rules-regulations.aspx>

### Please enclose the following documents with your application:

- Copy of signed lease agreement or bill of sale for change of ownership of an existing establishment.
- Proposed seafood menu.
- Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with. (Written documentation could include water and/or waste disposal bill).
- Site plan showing specific location of the business. Include alleys, streets, any outside equipment (including dumpsters, well, septic system, out-buildings, etc.).
- Show auxiliary areas such as storage rooms, garbage rooms, toilets, multiple floor levels and basements.
- Floor plan drawn to scale (minimum 1/4" = 1') of seafood market indicating location of all equipment and storage. Each piece of equipment must be clearly labeled on the plan. Submit drawings of fish display tables, counters, and ice wells.
- Numbered manufacturer specification sheets to match each piece of equipment on the plan. (Include: hot water heater, backflow prevention device for can wash and hose bibb).
- Provide location of:
  - Entrances, exits, loading, unloading areas and docks, floor drains, floor sinks, oyster washer, water heating equipment, fly fans and electrical panels.
  - Locate any water treatment systems on plans (water softner, filters, etc).
  - Hot Water Heater: (minimum with 80°F rise).
    - Gas \_\_\_\_\_ Electric \_\_\_\_\_ Instantaneous \_\_\_\_\_
    - Recovery Rate (gallons per hour) \_\_\_\_\_ Storage Capacity (gallons) \_\_\_\_\_
- Identify all handwashing lavatories in all work areas and restrooms.
- Include a curbed cleaning facility sloped to drain (at least 3' x 3') equipped with hot and cold water with backflow prevention and facilities for handling wet mops.
- Show location for chemical storage.
- Show location for employee belongings such as coats, pocket books, book bags, phones, etc.
- Provide a copy of the cleaning and maintenance contract from the solid waste provider.
- Submit a Emergency Contengency Plan for loss of power, water or weather related events.

### Hours of Operation

Day	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

### Types of Sales (check all that apply)

Delivery with Refrigerated Vehicle	
Wholesale	
Retail	

### Required Equipment:

- Hand sinks in each work area
- Fish cleaning sink with spray arm and drain boards
- 2 compartment utensil sink with spray arm and drain boards
- Can wash
- Storage Shelving (non-absorbant)
- Cutting Tables
- Refrigeration units with shelving