



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"/> State Temporary Food Establishment |
| Section 3: <input type="checkbox"/> Mobile Food Unit | Section 9: <input type="checkbox"/> County Special Event |
| Section 4: <input type="checkbox"/> Pushcart | Section 10: <input type="checkbox"/> Bar |
| Section 5: <input type="checkbox"/> Seafood Market | Section 11: <input type="checkbox"/> Catering |
| 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.

PRINT NAME

SIGNATURE

Section 10: Bar (no food only multi-use drinking glasses) - \$250.00 plan review fee

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

NC Food Code: <http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

NC .2600 Food Rules: <http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf>

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.
- Source of water supply and method of sewage disposal. Provide the location of these facilities and submit documentation that state and local regulations have been met. (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 establishment indicating location of all equipment and storage including retail merchandisers. Each piece of equipment must be clearly labeled on the plan.
- All work top equipment must be labeled and identified on plan (i.e. mixers and soda dispensers).
- Numbered manufacturer specification sheets to match each piece of equipment on the plan. (Include: water heater and backflow prevention device for can wash and hose bibb).

Water Heater Sizing Calculator:

<http://ehs.ncpublichealth.com/faf/food/planreview/docs/WaterHeaterCalculator-0713.xls>

- Provide location of:
 - Entrances, exits, loading, unloading areas and docks, floor drains, floor sinks, water heating equipment, fly fans and electrical panels
 - Locate any water treatment systems on plans (water softner, filters, etc)
 - Water Heater (minimum with 80°F rise)
 - Gas _____ Electric _____ Instantaneous _____
 - Recovery Rate (gallons per hour) _____ Storage Capacity (gallons) _____
- Identify all handwashing lavatories in all restrooms and work areas (zones). Hand wash lavatories must be placed to prevent cross contamination.
- Design of kitchen should have designated clean & dirty zones to prevent cross contamination. Indicate flow patterns on the plan for the following:
 - Glass & Utensils (Clean Storage, Service, Soiled, Cleaning, Air Drying & Storage)
 - Trash & Garbage (Service Area, Holding & Storage)
- Include a curbed cleaning facility sloped to drain to a sanitary sewer (at least 3'x 3') and 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 and the grease recycling company for the dumpster and the grease container.

Hours of Operation

Day	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Total Number of Seats

Inside	
Outside	

Multi-Use (reusable)

Plates Glassware Silverware

1. CONSTRUCTION: Indicate which materials will be used in the following areas:

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Toilet Rooms				
Other Storage				
Can Wash/Mop Basin				
Dish Washing Area				
Walk-in Refrigeration				

2. INSECT & RODENT CONTROL: Check all that apply

	Fly Fans or Air Curtains	Self-Closures	#16 inch mesh screening	Door Sweeps & Weather Stripping
Delivery Doors				
Entry Doors				
Screened Doors				
Restroom Doors				
Ventilation Window				

3. GARBAGE & REFUSE:

Check all that apply

	YES	NO	INDOOR	OUTSIDE
Compactor				
Dumpster				
Trash cans with lids				
City Trash Bags				
Recycle Containers with lids				
Dirty Linen Containers with lids				
Can Wash (3'x 3'curbed pad sloped to drain)				

Describe surface and location where dumpster/compactor/garbage/recycling containers are to be stored:

Indicate what materials are required to be recycled: Glass Metal Paper Cardboard Plastic

4. **ICE:** Made on premises Purchased commercially. Source _____

5. WATER

If a water treatment device or a back flow preventer is provided how will the devices be inspected, serviced and records maintained?

6. EMPLOYEE STORAGE (Required)

Describe storage facilities for employees' personal belongings:

7. DISHWASHING FACILITIES

At least one 3-compartment sink (with integral drain boards on each side) and is large enough to submerge the largest equipment and utensils is required.

Dimensions of sink basins: Length _____ Width _____ Depth _____
Length of drain boards (at least 18") Right _____ Left _____

A spray arm and faucets will be required on all three compartment sinks for pre-rinsing.

What type of sanitizer is used? Chlorine Iodine Quaternary Ammonium Hot water
Other _____

Glass washer sanitizing cycle used: Hot water Chemical
Make & Model _____

Total amount of square feet of air drying space provided: _____ft²

This space is only for air drying and not as clean dish and/or ware storage.

Indicate the location and type of air drying areas: _____

8. HANDWASHING & TOILET FACILITIES

Hand washing sinks with hot and cold running water, soap and individual paper towels must be provided in each food preparation and ware washing area.