



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** _____



New Hanover County
Health Department
Environmental Health Services
230 Government Center Dr., Suite 140
Wilmington, NC 28401-4946
Telephone (910) 798-6667, Fax (910) 798-7815



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 11: Catering

All of the above 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>

Off-site set up – Food items are delivered by the caterer and staff serves the food.

- Proposed Off-site catering menu (including seasonal, off-site, banquet menus, etc.).
- Show auxiliary areas such as storage rooms for catering equipment and supplies.
- Submit specification sheets for all catering equipment and supplies.
- Submit specification sheets for all additional kitchen equipment and updated floor plan.
- Submit specification sheets for all hot and cold serving units.

Hours of Operation

Day	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Maximum Meals to be catered

Breakfast	
Lunch	
Dinner	
Total	

Will Time as a Public Health Control be used for any menu item?

(3-501.19 Time as a Public Health Control)

YES NO

Will beef, eggs, fish, lamb, milk, pork, poultry, (including eggs), seafood or shellfish be served or sold raw or undercooked? (3-603.11 Consumer Advisory)

YES NO

You will need to submit your complete food handling procedures for menu items that are under cooked or using time/temperature control during the menu review process.

Will specialized food processes be conducted?

YES NO

(8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process)

You will need to submit your HACCP plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment. (8-103.10 Modifications & Waivers) EH office can provide you the January 15, 2013 documentation. The State Variance Committee can be reached at 919-707-5854.

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

- Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)
- Thick meats, whole poultry (roast beef, whole turkey, chickens, and hams)
- Cold processed food (salads, sandwiches, vegetables)
- Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)
- Bakery goods (pies, custards, cream fillings & toppings)

3. KITCHEN EQUIPMENT FOR CATERING PREPARATION

Check all that apply

	Table	Chefs Table	Sink & Table
Raw Meat Preparation			
Raw Seafood Preparation			
Raw Vegetable Preparation			
Ready-to-Eat Food Preparation			

4. KITCHEN EQUIPMENT FOR CATERED FOOD STORAGE

Check all that apply

	Number of units	Amount of Space for catering
Walk-in Cooler		
Walk-in Freezer		
Reach-ins		
Alto-Shams		
Hot Holding Cabinets		
Shelving in Dry Storage		

5. ITEMS PROVIDED BY CATERER

Check all that apply

Items provided by Caterer	Number	Storage location
Multi-use Plates*		
Multi-use silverware*		
Multi-use cups/glasses*		
Disposable Plates		
Disposable silverware		
Disposable cups		
Carving Stations*		
Sneeze Guards		
Grills/Cookers		
Chaffing Pans*		
Cambros (hot holding)		
Coolers (cold holding)		
Punch Bowls*		
Fountains*		

Tea Urns*		
Coffee Machines*		
Ice Sculptures		
Table Cloths/Linens		
Table Skirting		
Serving Stations/Bufferet		
Serving Baskets		
Tables		
Chairs		
Tents		
Other items:		

*Rented multi-use items must be washed, rinsed, sanitized and air dried at the food service establishment.

What type of vehicle will be used to transport catering equipment and food?

- Company van or truck Mobile Food Unit Hot & Cold holding truck Enclosed trailer
- Employee vehicles Rental truck Other _____

How far will food be transported?

- Local events _____ Out of county events _____ Out of state events _____