



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** _____



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

“Healthy People, Safe Environment, Strong Community”

Section 3: Mobile Food Unit plus \$250.00 plan review fee

Must be submitted at least 30 days prior to commencing operation:

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>

Mobile Food Unit: means a food establishment designed to be readily moved and vend food. Tag # _____

Commissary: means a food establishment that services a Mobile Food Unit.

Name of Commissary: _____ Address _____

Please enclose the following documents with your application:

- Proposed Menu with detailed food handling procedures.
- Site plan showing specific location of the commissary. Include alleys, streets, any outside equipment (including dumpsters, well, septic system, out-buildings, fresh water supply station and wastewater disposal servicing area).
- Water Source (not from the service sink or can wash).
 - o From a protected potable water source located on the outside of the building (separate protected hose bib)
- Water Tank – **Total Gallons:** _____
 - o Enclosed, sloped to outlet for complete drainage and protected (cap with a keeper chain, closed cabinet, or other approved protective cover (inlet, outlet, and hoses).
 - o Water tank inlet must be 3/4" in diameter or less.
 - o Inspection port (if provided - flanged up 1/2", cover with gasket, cover secured in place and flanged to overlap opening for port).
 - o Cleaned and sanitized before use.
 - o Tank Vent terminates in a downward direction and shall be covered with 16" mesh screen or equivalent and protected or a protective filter (if unprotected).
 - o Under pressure with hot and cold running water to all sinks.
- Fresh Water Hoses
 - o Must be Food Grade and protected when not in use and stored on the MFU.
 - o Hoses must be flushed and sanitized before use and properly stored.
 - o Water tank and hose inlet and outlet fitting shall be protected using a cover or device and used for no other purposes. **Storage Location:** _____
- Wastewater Disposal
 - o Discharged to an approved sewage disposal system at the service area at the commissary.
 - o Wastewater hoses must be stored in designated areas outside of the commissary or on the outside of the MFU. **Storage Location:** _____
 - o Tank must be thoroughly flushed and drained.
- Wastewater Tank – **Total Gallons:** _____
 - o Sized **15%** larger than the fresh water holding tank and permanently attached to the MFU.
 - o Sloped to drain that is **1"** inch (internal diameter or greater) and equipped with a shut off valve and lower than the water inlet connection.
- Indirect connections must be provided for food service equipment requiring drainage.
- Floor plan drawn to scale (minimum 1/4" = 1') of **MFU** indicating location of all equipment and storage. Each piece of equipment must be clearly labeled on the plan. (Equipment requirements are based on the menu and food handling procedures)
 - o ANSI approved single compartment sink with backsplash protection.
 - o A drainboard on each side of the sink or approved counter top space.
 - o Hand wash sink with combination faucets, soap and disposable towels.
- All work top equipment must be labeled and identified on plan (i.e. toasters, steam-well, microwaves, panini grills, mixers and soda dispensers).
- Numbered manufacturer specification sheets to match each piece of equipment on the MFU and commissary plans.
- Provide location of:
 - o Entrances, exits, openings, windows with screening or effective use of fans if left open.
 - o Floor drains, floor sinks, water heating equipment, fly fans, vents, and electrical panels.
 - o Locate any water treatment systems on plans (water softener, filters, etc).

“Healthy People, Safe Environment, Strong Community”

- Describe water heating system.
- Provide location of operation, dates, and times for the MFU operation.

COMMISSARY REQUIREMENTS:

- Provide a copy of the commissary sign in sheet.
- Provide floor plan drawn to scale (minimum 1/4" = 1') of all equipment and storage to be used in the commissary.

AGREEMENT FROM PERMITTED RESTAURANT TO ALLOW A MOBILE FOOD UNIT TO OPERATE IN CONJUNCTION WITH THIS ESTABLISHMENT

Name of Establishment _____

Manager or Person-in-Charge _____ Phone # _____

Address _____

Email Address _____

Permission is given to _____ to operate a mobile food unit in conjunction with my food service establishment. I understand the applicable regulations require that the MFU report daily to my establishment for supplies, cleaning, and servicing. I agree to allow supplies for the unit to be stored on my premises. I understand that any sanitation deficiencies resulting at my food service establishment, even if directly or indirectly related to the operation of the MFU, will be reflected in the sanitation grade of my food service establishment. This agreement shall stay in effect as long as I am the owner, unless rescinded by notifying the MFU owner and Environmental Health Services of New Hanover County in writing.

I, the food service establishment owner, can and will provide the necessary facilities for the MFU at my permitted food service establishment as checked below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Handwashing |
| <input type="checkbox"/> Dry Food Storage | <input type="checkbox"/> Frozen Food Storage | <input type="checkbox"/> Refrigerated Food Storage |
| <input type="checkbox"/> Mult-use Utensil Wash | <input type="checkbox"/> Overnight Parking | <input type="checkbox"/> Sewage disposal |
| <input type="checkbox"/> Toilets | <input type="checkbox"/> Water filling station | <input type="checkbox"/> Other _____ |

Signature of Commissary Owner:

I certify that the MFU will have access to my food service establishment for the above checked items.

Print Name _____ Signature _____