



**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 2: Existing Food Service Establishment (new owners)

Please enclose the following documents with your application:

- Verify scaled drawing of kitchen layout or submit scaled drawing showing any changes.  
*Note:* May incur a \$250 plan review fee.
- Copy of signed lease agreement or bill of sale for change of ownership of an existing establishment.
- Proposed Menu (including seasonal, off-site, banquet menus, catering, daily specials, etc.).
- Source of water supply and method of sewage disposal. (Provide a CFPUA water/sewage bill).
- 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.
- Submit an Emergency Plan for loss of power, water or weather related events.

### Hours of Operation

Day	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

### Total Number of Seats

Inside	
Outside	

### Will you use?

Single-Service (disposable) Plates  Glassware Silverware  
Multi-Use (reusable) Plates  Glassware Silverware

### Useful websites:

#### **NC DHHS Plan Review Guidelines:**

<http://ehs.ncpublichealth.com/faf/food/planreview/docs/FoodEstablishmentGuidelines-2002.pdf>

#### **NC Food Code:**

<http://ehs.ncpublichealth.com/faf/food/planreview/docs/FoodEstablishmentGuidelines-2002.pdf>

#### **NC .2600 Food Rules:**

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

#### **Water Heater Sizing Calculator:**

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

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

If yes, include the Consumer Advisory on the submitted menu.

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)

**If yes, 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) The State Variance Committee can be reached at 919-707-5854.