



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 1: Food Service Establishments plus \$250.00 plan review fee

THE FOLLOWING ITEMS MUST BE SUBMITTED TO BEGIN PLAN REVIEW

- Completed Application
- Copy of signed lease agreement or bill of sale
- Copies of all Menus
- Proof of water supply (well permit or bill)
- Proof of sewage disposal (septic permit or bill)
- Site plan showing specific location of the business
- Floor plan drawn to scale (minimum 1/4" = 1') of food service establishment with all equipment to include counter top equipment, toasters, steam-wells, microwaves, panini grills, mixers and soda dispensers, etc.
- Equipment specification sheets for all equipment
- Plumbing Plan (show floor drains, floor sink, water heater)

Useful information & websites:

When designing the kitchen you should have designated clean & dirty zones to prevent cross contamination and consider flow patterns for the following:

- Food (Receiving, Storage, Preparation & Service)
- Dishes & Tableware (Clean Storage, Service, Soiled, Cleaning, Air Drying & Storage)
- Utensils & Containers (Clean Storage, Service, Soiled, Cleaning, Air Drying & Storage)
- Trash & Garbage (Service Area, Holding, & Storage)

NC DHHS Plan Review Guidelines:

[Food Establishment Guidelines for North Carolina](#)

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>

Water Heater Sizing Calculator:

[Water Heater Sizing Calculator](#)

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

Will you offer food for Pick Up, To Go or Delivery Yes No

Provide the following if Yes:

- Proposed menu
- Identify and locate equipment used to cold hold and hot hold foods
- Instructions for Consumer Cooling & Reheating

Type of containers to be used:

Box lunches Party trays Closeable Container
Other

Will you provide Off-Site Catering? Request and Complete Section 11 Application

Will any meats, eggs, seafood, poultry, and shellfish served or sold raw or undercooked? YES NO

If YES then provide Consumer Advisory (see NC Food Code 3-603.11- Consumer Advisory)

Will specialized food processes be conducted? YES NO

(NC Food Code 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 Hazard Analysis and Critical Point (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.

3. FOOD STORAGE

Check all that apply

Equipment	Number of Units	Total Cubic-Feet of Space for each unit	Ready to Eat	Raw Proteins
Walk-in Refrigeration Storage				
*Reach-in Refrigeration Storage				
Walk-in Freezer Storage				
Reach-in Freezer Storage				
Work Top Freezer				
*Flip Top & Work Top Refrigeration				
*Refrigerated Drawers				

***Raw meats, poultry & seafood should not be stored in the same units as cooked or ready-to-eat foods.**

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

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

5. INSECT & RODENT CONTROL: Check all that apply

	Fly Fans or Air Curtains	Self-Closures
Delivery Doors		
Entry Doors		
Screened Doors		
Restroom Doors		
Drive Thru Pickup Window		
Walk Up Screen Window		

6. GARBAGE & REFUSE: Check all that apply

	YES	NO	INDOOR	OUTSIDE
Compactor (stored on asphalt or concrete)				
Dumpster (stored on asphalt or concrete)				
Trash cans with lids				
City Trash Bags				
Recycle Containers with lids				
Dirty Linen Containers with lids				
Grease Recycling Containers/Systems (stored on asphalt or concrete)				
Can Wash (3'x 3' curbed pad sloped to drain with hot and cold water and backflow prevention with mop rack)				

Indicate what materials will be recycled: Glass Metal Paper Cardboard
 Plastic Grease Food Oyster

shells
 Do you plan to donate food? Yes No

Where will all chemicals be stored?

7. ICE: Made on premises Purchased commercially. Source _____

8. WATER HEATER (minimum with 80°F rise)

Gas Electric Instantaneous (Number To be installed: _____)

Model # _____

Recovery Rate (gallons per hour) _____ Storage Capacity (gallons) _____

9. EMPLOYEE STORAGE (Required)

Describe storage facilities for employees' personal belongings: _____

10. LINENS

Check all that apply

Cleaning methods	Onsite clothes washer	Onsite clothes dryer	Laundry service	Manual 3 compartment sink	Dishwasher
Aprons					
Uniforms					
Cut Resistant Gloves					
Wiping Cloths					
Table Cloths					
Cloth Napkins					
Oven Mitts					

Location of dirty linen storage: _____

Location of clean linen storage: _____

11. PREPARATION AREAS

Prep table with sink must be provided for Produce Ready-to-Eat Seafood Raw Meat Sushi

12. DISHWASHING FACILITIES

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

Dimensions of sink basins: Length _____ Width _____ Depth _____

Length of drain boards (**at least 24”inches**) 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 _____

Dishwasher 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: _____

13. 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.

Identify all handwashing lavatories in all restrooms and work areas (zones). Hand wash lavatories must be placed to prevent cross contamination.