



**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

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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

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## 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](#)

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**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**

<b>Equipment</b>	<b>Number of Units</b>	<b>Total Cubic-Foot of Space for each unit</b>	<b>Ready to Eat</b>	<b>Raw Proteins</b>
Walk-in Refrigeration Storage				
<b>*Reach-in Refrigeration Storage</b>				
Walk-in Freezer Storage				
Reach-in Freezer Storage				
Work Top Freezer				
<b>*Flip Top &amp; Work Top Refrigeration</b>				
<b>*Refrigerated Drawers</b>				

**\*Raw meats, poultry & seafood should not to 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:

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

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**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: \_\_\_\_\_ ft<sup>2</sup>

**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.

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