



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 _____



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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 4: Pushcart - no 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>

All of the information below must be submitted before the plan review application will be reviewed.

Pushcart: means a food establishment designed to be readily moved and vend food.

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

Name of Commissary: _____ Address: _____

Please enclose the following documents with your application:

- Proposed Menu. (Limited to hot dogs and pre-wrapped sandwiches only).
- Water Source (not from the service sink or can wash).
 - From a protected potable water source located on the outside of the building (separate protected hose bibb).
- Wastewater Disposal methods _____
- Manufacturer specification sheet for pushcart. (Documentation of NSF/ANSI Certification).
 - Manufacturer: _____ Model: _____
- List all condiments provided and storage location.
- Refrigeration equipment must be provided for cold holding of potentially hazardous foods.
- All food storage must be on the pushcart or at the commissary including, bread, hot dogs, condiments, single service items etc. Storage at private residence is not allowed.
- Provide pushcart storage location (must be stored in a protected area from dirt, debris, vermin and their contamination) The pushcart can not be stored uncovered outside. _____
- Coolers with ice can only be used for canned or bottled drinks.
- Provide location of operation, dates, and times for the MFU operation.

Construction Requirements:

1. If the pushcart is not listed by an ANSI-accredited certification program then the owner shall submit documentation verifying how the equipment is equivalent to NSF/ANSI standards. Individuals, who choose to construct their own pushcarts, should contact an ANSI-accredited certification program to discuss the appropriate standards they need to obtain for construction or the options for certification of the pushcart. The most common programs are NSF International: 1-800-673-8010 & Underwriters Laboratories: 919-549-1768. Individuals may also order standards through the following websites: www.global.ihs.com, www.techstreet.com/cgi-bin/results, or www.nsf.org **Pushcarts will not be able to be constructed to meet the NSF/ANSI standards without this information.**
2. Pushcarts are not required to have potable water supplies or wastewater holding tanks, but if these items are components of the cart they must comply with NSF/ANSI sanitation standards.
3. Food and utensils on the cart that will be exposed to the public or to dust or insects must be protected by glass, or otherwise on the front, top and ends, and exposed only as much as may be necessary to permit the handling and serving of hot dogs. The NSF/ANSI standard requires food preparation areas on mobile food carts intended for outdoor use to be fully enclosed when the areas are not being accessed for food preparation. In addition to the lid covering the food containers, there must be additional

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covering of the food areas to protect the food and utensils. Umbrellas and canopies do not meet this requirement.

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 PUSH CART 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 pushcart unit in conjunction with my food service establishment. I understand the applicable regulations require that the pushcart 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 pushcart, 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 pushcart 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 pushcart 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"/> Pushcart Storage king | <input type="checkbox"/> Wastewater disposal |
| <input type="checkbox"/> Toilets | <input type="checkbox"/> Water filling station | <input type="checkbox"/> Other _____ |

Signature of Commissary Owner:

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

Print Name _____ Signature _____

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