



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

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

Section 7: LIMITED FOOD SERVICE - \$75.00 permit fee

(Amateur athletic concession stand)

All Permits Expire December 31st of each year

NC Food Code: <http://ehs.ncpublichealth.com/food/docs/NC-FoodCodeManual-2009-FINAL.pdf>

NC .2600 Food Rules: <http://www.deh.enr.state.nc.us/food/docs/15A-NCAC-18A-2600-FINAL.pdf>

To qualify for a Limited Permit, one of the following must apply to your organization:

- A Political Subdivision of the State
- Volunteers prepare and serve food in conjunction with amateur athletic events
- A 501 (c) (3) organization Name: _____ Number: _____

If site was permitted as a Limited Food Service last year complete Sections A & B only. If this site was not permitted last year complete Section A, B, & C.

Section A:

- Menu _____
- Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulatates are complied with. (Written documentation could include water and/or waste disposal bill)

Section B: Include a copy of the game schedule with specific dates and times

Dates of Operation	Start	End
Spring		
Summer		
Fall		
Winter		

Section C:

- Site Plan showing location concession stand and fields/courts (including restrooms, dumpsters, can wash, well and septic system, etc).
- Plan drawn to scale (minium 1/4" = 1') of food service establishment indicating floor plan with location of all equipment and storage. Each piece of equipment must be clearly labeled on the plan with its common name.
- Manufacturer Specification sheets for each piece of equipment on the plan and numbered to match the plan.
- Provide location of:
 - o Entrances, exits, loading, unloading areas and docks, floor drains, floor sinks, water heating equipment, and electrical panels.
 - o Hot Water Heater: (minimum with 80 rise)
 - Gas ___ Electric ___ Instantaneous _____
 - Recovery Rate (gallons per hour) _____ Storage Capacity (gallons) _____
- Designate on the plan equipment used for hot-holding of potentially hazardous foods.
- All work top equipment must be labeled and identified on plan (i.e. toasters, steam-well, microwaves, panini grills, mixers and soda dispensers).
- Label and locate separate food preparation sinks and work tables designated for the preparation of ready-to-eat foods.
- Identify all handwashing lavatories in work areas and restrooms.
- Indicate flow patterns on the plan for the following.
 - o Food (Receiving, Storage, Preparation & Service)
 - o Utensils & Containers (Clean Storage, Service, Soiled, Cleaning, Air Drying & Storage)
 - o Trash & Garbage (Service Area, Holding, & Storage)
- Include a curbed cleaning facility sloped to drain (large enough to clean the largest garbage receptical) equipped with hot and cold water with backflow prevention and facilities for handling wet mops.
- Show location or storing chemicals.
- Show location of employee's personal belongings such as locker areas, break areas, and coat storage.
- 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.

"Healthy People, Safe Environment, Strong Community"