



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 \$ _____

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: New Food Service Establishment

Section 7: Limited Food Service (Concessions)

Section 2: Existing Food Service Establishment

Section 8: State Temporary Food Establishment

Section 3: Mobile Food Unit

Section 9: County Special Event

Section 4: Pushcart

Section 10: Bar

Section 5: Seafood Market

Section 11: Catering

Section 6: 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 6: Seafood Vehicle plus \$50.00 plan review fee

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

All Permits Expire December 31st of each year.

NHC Board of Health Rules: <http://www.nhcgov.com/Health/boh/Pages/rules-regulations.aspx>

Vehicle License _____ Make _____ Year _____ Color _____

North Carolina Marine Fisheries License Number _____

Please enclose the following documents with your application:

- Proposed seafood menu.
(Whole, intact, eviscerated (gutted) fish, oysters or shrimp only-no cooked seafood)
 - o Eviscerated fish must be from an approved market with receipt.
 - o Heads off shrimp can only be sold if from an approved market or receipt from wholesaler.

Menu: _____

Water: Public (provide copy of bill) Private (approval will be needed from OSWP)

Sewer: Public (provide copy of bill) Private (approval will be needed from OSWP)

Comments: _____

- A waste water container must be provided for the disposal of hand dip sanitizer and melted ice from coolers. Describe waste water disposal methods: _____
- Source of ice: _____
- Toilet location within 50 yards (**provide a written contract for access**).
- Enclosed vehicle for seafood coolers is required. Coolers will not be allowed to sit on the ground.
- Seafood coolers must have drains with plugs and waste water must be properly disposed.
- Hand dip sanitizer container must be provided large enough for both hands (**chlorine 50 ppm**).
- Sanitizing solution must be provided (**chlorine 50 ppm with test papers**).
- Single service wrapping materials (**food grade – no grocery bags**).
- A trash can with a lid must be provided.

Hours of Operation & Location

Day	Location	Open	Close
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

“Healthy People, Safe Environment, Strong Community”