



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 8: STATE TEMPORARY FOOD APPLICATION - \$75.00 FEE

Application must be submitted 15 days prior to the event

NC Food Code:

<http://www.nhcgov.com/Health/enviro-health/Documents/NC-FoodCodeManual-2009-FINAL.pdf>

NC .2600 Food Rules:

<http://www.nhcgov.com/Health/enviro-health/Documents/15A-NCAC-18A-2600-FINAL.pdf>

TYPE or PRINT IN INK all the information requested. Write N/A if requested information does not apply. Leave NO BLANK SPACES. Incomplete applications will not be processed.

Name of Event: _____

Location of Event: _____

Event Date(s): _____ Hours of Operation: _____

Name of Person in charge of Event/Organizer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please enclose the following documents with your application:

- Floor plan of your booth.
 - (All equipment, food preparation areas, cleaning areas, and storage areas)
- Provide information on how water will be heated for washing hands and cleaning of utensils.
- Designate on the plan:
 - Equipment used for cold holding & for hot-holding of potentially hazardous foods.
 - Dry storage (above the ground)
- Label and locate separate food preparation sinks and work tables.
 - Preparation of ready-to-eat foods/vegetables, raw meats, and raw seafood.

