Please complete the information detailed in the following application.

This plan review application will not be accepted without the following items:

Plan Review Application Checklist:
• Complete set of plans drawn to scale showing the placement of all food service equipment, mechanical ventilation, all sinks, storage areas, wait stations, bathrooms, mop sink / can washing facilities, etc. Plans must also include a finish schedule for all required areas.
• Manufacturer's specification sheets for each piece of equipment. All food equipment, with the exception of toasters, mixers, and microwave ovens, must be NSF listed or classified for sanitation by an ANSI (American National Standards Institute)- accredited certification program.
• Completed Food Service Plan Review Application
• Proposed food and beverage menu
• Must contact the local building / fire inspector before beginning any construction or renovation
• Plan Review Fee may apply

*Franchised or chain food establishments are required to be submitted to the N.C. Department of Health and Human Services, Div. of Environmental Health, Plan Review Unit
Phone: 919-707-5864 Address for Plan Review Submittals: Environmental Health Section, Plan Review Unit, 5605 Six Forks Rd., Raleigh, N.C. 27609
Website:  http://ehs.ncpublichealth.com/faf/food/planreview/index.htm for approval.

The NC Food Code Manual can be accessed and downloaded at the following website:

The Foothills Health District applications and information may be accessed at www.foothillshd.org
Food Establishment Plan Review Application

Type of Construction: NEW__________ REMODEL__________

Name of Establishment:__________________________________________________________________________

Address:_____________________________________________________________________________________

City:___________________________ Zip Code:___________ County:______________________________

Phone (if available): ___ - ___ - _______ Fax: ___ - ___ - ________

Owner or Permittee: ________________________________________________________________

Address:_____________________________________________________________________________________

City & State:____________________________________ Zip Code:____________________

Phone: ___ - ___ - _______ Fax: ___ - ___ - ________

Email Address:______________________________________________________________________________

Applicant & Title (owner, manager, architect, etc.):_____________________________________________

Address:_____________________________________________________________________________________

City & State:____________________________________ Zip Code:______________

Phone: ___ - ___ - _______ Fax: ___ - ___ - ________

Email Address:______________________________________________________________________________

I certify that the information in this application is correct, and I understand that any deviations without prior approval from this Health Regulatory Office may nullify plan approval.

Name (please print):___________________________________________________________________________

Signature:_____________________________________________________________________________________ Date:__________________________
Desired number of seats (indoor & outdoor): ______   Kitchen ft² _________   Dining ft²_________

Projected start date of construction:______________   Projected opening date:______________

Hours of Operation:______________________________________________________________________________

Sun_____    Mon_____    Tue_____    Wed______    Thur______    Fri_____    Sat_____

Projected total number of meals served per day: ___________

Projected frequencies of deliveries (ex: twice a week, once a week): _________________

Type of Food Service (check all that apply):

Restaurant: _____    Sit Down Meals: _____

Food Stand: _____   (no seats provided)   Take Out Meals:_____

Drink Stand: _____   (beverages only)   Catering:_____

Meat Market:_____

Commissary:_____    Other (explain):______________________________________________

Single Service (disposable): _____ Plates  _____ Glassware  _____Silverware

Multi-use (reusable): _____ Plates  _____ Glassware  _____Silverware

Indicate any specialized processes that will take place:

_____Curing   _____ Acidification (sushi rice, etc.)   _____Smoking

_____Reduced Oxygen Packaging (vacuum packaging, sous vide, cook chill, etc.)

_____Sprouting Beans   _____Other

Explain checked process: ________________________________________________________________

___________________________________________________________________________________

Indicate any of the following Highly Susceptible Populations that will be catered to or Served:

_____Nursing Home  _____Child Care Center  _____Health Care Facility

_____Assisted Living Center  _____School with pre-school aged children
**FINISH SCHEDULE**
Indicate floor, wall, and ceiling finishes (ex: fiberglass paneling, stainless steel, quarry tile, vinyl composition tile, vinyl coated acoustic tile, etc.)

<table>
<thead>
<tr>
<th>Area</th>
<th>Floor</th>
<th>Walls</th>
<th>Base</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dish Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait Station</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mop and Can Wash</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage / Refuse Storage</td>
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<td></td>
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<td></td>
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<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

**Garbage and Refuse**

- Will refuse be stored inside? Yes____  No____
  If so, where ____________________________________________________________

- Outside garbage storage: Dumpster _____  Trash cans _____  Compactor ____
  Provisions for cleaning Dumpster / compactor: On-site ______  off-site _____
  If off-site cleaning, provide name of cleaning contractor: _______________________________

- Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.):
  ____________________________________________________________
  ____________________________________________________________
WATER SUPPLY: SEWAGE AND PLUMBING

Water Supply (check one): Municipal _____ Well _____

Sewer (check one): Municipal _____ On-site / septic _____
(Municipal sewer and water connection must be verified with written documentation)

DISHWASHING FACILITIES

• Manual / Hand Dishwashing

Number of compartments:_____

Size of sink compartments (inches): L_____ x W_____ x D_____ 

Length of drainboards (inches): Left _____ Right _____ 

Sanitizer: Chlorine (bleach)_____ Quaternary Ammonium_____ 
Hot Water_____ Iodine_____ Other (specify)_____

• Mechanical Dishwashing: If a dish machine will be used please indicate:

Manufacturer & Model Number __________________________________________________ 
(Note: A legible data plate must be present on the dishwashing machine) 

Type of sanitization: Hot Water _____ Chemical _____ 

• Describe how cooking equipment, food storage containers, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through the dishwasher will be cleaned and sanitized: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

• Describe the location and type (drainboards, wall mounted or overhead shelves, stationary or portable racks) of air drying space:

__________________________________________________________________________

__________________________________________________________________________

HANDWASHING 
Indicate number and location of kitchen hand sinks (Recommend having one in each food prep area and warewashing area and at least every 25 ft):

__________________________________________________________________________
CLEANING FACILITIES

• Location and size of can wash / mop storage area: ________________________________________
• Is a separate mop basin provided? Yes_____ No______
If yes, describe type and location:________________________________________________________________________________

• Location of chemical storage:______________________________________________________________

WATER HEATER

• Tank Type:
  Manufacture and Model: _______________________________________________________________
  Storage capacity:_____ gallons
  Electric water heater:_____ kilowatts (kW)
  Gas water heater:_____ BTU's
  Water heater recovery rate (gallons per hour at 80ºF temperature rise):_____ GPH

• Tankless:
  Manufacture and model: _______________________________________________________________
  Rating: _____ GPM at _____ º F rise
  Number of units to be used: _____

FOOD SERVICE FACILITIES AND PROCESSES

Cold Storage

Provide Square-feet of walk-in cold storage
  • walk-in refrigerator storage: _____ft²
  • walk-in freezer storage: _____ft²

Number of reach-in refrigerators: ______
Number of reach-in and chest freezers: ______

Hot Storage

How will potentially hazardous foods (PHF) be maintained at 135ºF or above during hot holding for service? Indicate the type and number of hot holding units.________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________________________________________
  _________________________________
  ______________________________________________________
  ______________________________________________________________________________________
Thawing

Indicate by checking the appropriate boxes how food in each category will be thawed. If other is checked, indicate the type of food: __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Thawing Process</th>
<th>Meats</th>
<th>Poultry</th>
<th>Seafood</th>
<th>Vegetables</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>In refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Under cold running water</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Thawed during cooking</td>
<td></td>
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</tbody>
</table>

Cooling

Indicate by checking the appropriate boxes to indicate how food will be rapidly cooled from above 135°F to 41°F after being cooked. If other is checked, indicate the food type and if a different cooling method is used please describe: __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Cooling Method</th>
<th>Meats</th>
<th>Poultry</th>
<th>Seafood</th>
<th>Vegetables</th>
<th>Soups</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>In refrigerator in shallow pans</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>In an ice bath or with an ice wand</td>
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<tr>
<td>Using a blast chiller</td>
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</table>

FOOD HANDLING AND PREPARATION PROCEDURES

Explain the handling procedures for the following categories of food. Describe the process from receiving to ready to eat form, including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, prep sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency per day) the food will be handled

Produce Handling:
Will produce be washed, rinsed, or otherwise handled prior to use? Yes _____ No _____
Is a separate prep sink provided for washing or rinsing produce? Yes _____ No _____

Poultry:
Will poultry be washed, rinsed, or otherwise handled prior to use? Yes____  No____
Will a separate prep sink be provided for washing or rinsing poultry? Yes____  No____
_____________________________________________________________________________________
_____________________________________________________________________________________

Seafood:
Will seafood be washed, rinsed, or otherwise handled prior to use? Yes____  No____
Will a separate Seafood prep sink be provided? Yes____  No____
_____________________________________________________________________________________
_____________________________________________________________________________________
Ready to Eat Handling: (such as deli meats, cold sandwiches, salads, etc.)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

*Note: certain specialized food processes such as sushi rice acidification, reduced oxygen packaging, curing, etc., will require an approved HACCP (Hazard Analysis Critical Control Point) Plan before being allowed. Submit applicable documentation along with this application is proposed.

DRY STORAGE

Provide information on the frequency of deliveries and where the dry goods will be stored: _________

Provide the total square feet of shelf space dedicated to dry storage (use table to determine ft²):_____

<table>
<thead>
<tr>
<th>Shelving unit location</th>
<th>Number of shelves</th>
<th>Width of shelf</th>
<th>Depth of shelf</th>
</tr>
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<tbody>
<tr>
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</table>

INSECT AND RODENT CONTROL

• Are all outside doors self-closing with rodent proof flashing? Yes____  No____
• How is fly protection provided on all outside doors
  ○ Self-closing door _____  Fly fan _____  Screen door _____
• How is fly protection provided on windows?
  ○ Self-closing _____  Fly fan _____  Screening _____
CONSUMER ADVISORY
Do you plan to offer any raw or undercooked animal foods (eggs undercooked, burgers / steaks undercooked, etc.) or will any of the food products that you serve have any raw or undercooked animal foods? Yes _____ No ______
If so how are you going to advise the consumer of the hazard of consuming such foods? (menu advisory, table top tents, placard on wall)____________________________________________________________

DATE MARKING
If ready-to-eat potentially hazardous foods are going to be held more than 24 hours, please describe the method that will be used to date mark these foods. ____________________________________________
____________________________________________________________________________________

EMPLOYEE HEALTH POLICY
An Employee Health Policy or method or requiring employees to report symptoms and certain illness as described in 2-201.11 – 13 of the food code will be required. Please refer to Annex 2.2 in the following link http://ehs.ncpublichealth.com/faf/food/foodcodeannex.htm. Employee Health Policy templates are also available through the Health Department.