

Plan Review Fee \$250.00

Plan Review Checklist

1. The plans should be a minimum of 11 x 14 inches with the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot.
2. Menu (if applicable)
3. The plans and specifications should include:
 - (a) Location of all food service equipment with each piece of equipment clearly labeled with its common name.
 - (b) Refrigeration and hot-holding equipment for potentially hazardous food (PHF) clearly designated.
 - (c) Separate food preparation sink, when menu dictates, labeled and located to prevent cross-contamination of raw and ready to eat foods.
 - (d) Hand washing facilities designated for food preparation areas, dish washing area and toilet facilities.
 - (e) Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
 - (f) Finish schedule for each room, including floors, walls, ceilings and coved juncture bases.
 - (g) Plumbing schedule includes:
 1. floor drains/floor sinks
 2. waste supply lines
 3. waste water lines
 4. hot water generating equipment
 5. water heater manufacturer, model, and recovery rate
 6. grease trap and/or grease interceptor location
 - (h) Electrical layout and location of electrical panels
 - (i) Site plan including:
 1. dumpster pad location
 2. grease storage container location
 3. entrances and exits
 4. loading and unloading areas
 - (j) Ventilation schedule for each room
 - (k) Cabinets/shelves for storing toxic chemicals
 - (l) Employee dressing room or locker area



Food Establishment Plan Review Application

(Plan Review Fee \$250)

This application must be completed in its entirety, or your review may be significantly delayed.

To verify franchised or chain food establishment designation for the purpose of plan review as specified in Section 8-201.11 of the North Carolina Food Code please refer to Position Statement 'Franchised or Chain Food Establishment Designation for Plan Review' at <https://ehs.dph.ncdhhs.gov/faf/docs/foodprot/FranchisePlanReview.pdf>

Type of Construction: NEW REMODEL CONVERSION *RTAP

*Revisions to Approved Plans: Provide a list of all changes to the previously approved plans. Revise application as related.

For REMODEL, specify the scope of work:

Establishment Information

Name of Establishment: _____
Address: _____
City: _____ Zip Code: _____

Owner Information

Owner or Owner's Representative: _____
Address: _____
City & State: _____ Zip Code: _____
Telephone: _____ - _____ - _____
Email Address: _____

Submitter Information

Submitter: _____
Company: _____
Contact Person: _____
Address: _____
City & State: _____ Zip Code: _____
Telephone: _____ - _____ - _____
Email Address: _____
Title (owner, manager, architect, etc.): _____

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.

Signature: _____
(Owner or Responsible Representative)

Daily Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Projected number of meals served daily:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of food deliveries received per week: _____

Number of seats: _____ Facility total square feet: _____

Projected date of construction: _____ Projected completion date: _____

Type of food service: (Select all that apply)

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____
- Sit-down meals
- Take-out meals
- Catering/ Delivery
- Customer Self-Service Area

Type of utensils used:

Single service (disposal):

- Plates
- Glassware
- Silverware

Multi-use (reusable):

- Plates
- Glassware
- Silverware

Will specialized processes be used as specified in Section 3-502.11 of the North Carolina Food Code?

- Yes
- No

If YES, indicate which processes will be used:

- Curing
- Smoking
- Acidification
- Sprouting Beans
- Reduced Oxygen Packaging (eg: Vacuum)
- Other

Explain checked processes:

Indicate any of the following **highly susceptible populations** that will be catered to or served:

- Nursing Home
- Assisted Living Center
- N/A
- Child Care Center
- School with pre-school aged children
- Health Care Facility

Will any **virtual brands** be provided?

- Yes
- No

If YES, list brand names: _____

Menu to be served: _____

Estimated number of meals per week: _____

Cold Storage:

How was the volume of cold storage indicated below determined to be adequate?

Reach-in cold storage (in cubic feet): _____
Reach-in refrigerator storage: _____ ft³
Reach-in freezer storage: _____ ft³
Number of reach-in refrigerators: _____
Number of reach-in freezers: _____

Walk-in cold storage (in cubic feet): _____
Walk-in refrigerator storage: _____ ft³
Walk-in freezer storage: _____ ft³

Cold Handling:

List Foods that will be held cold:(include equipment used)

Hot Holding:

List Foods that will be held hot:(include equipment used)

Cooling:

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (7°C) within 6 hours.

If 'Other' is checked indicate the type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid chill**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(**Check only if rapid chill equipment such as blast chillers are provided.)

Thawing:

Indicate by checking the appropriate boxes how food in each category will be thawed.

If "Other" is checked indicate type of food: _____

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Handling Procedures: (Should be provided by owner/owner's representative)

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, hot held, etc.)
- When (time of day and frequency/day_ food will be handled

1. Ready to eat foods: Edible without additional preparation necessary(e.g., salads, cold sandwiches, raw molluscan shellfish:

2. Produce; grains and pasta: eg., beans, rice, macaroni:

3. Poultry:

4. Meat:

5. Seafood:

Dry Storage:

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

Where will dry goods be stored?

Square feet of dry storage shelf space:

Finish Schedule:

Indicate floor, wall, and ceiling finishes (e.g. quarry tile, stainless, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other:				
Other:				

Water Supply and Sewage:

Water supply: Municipal Well

Sewer: Municipal

Septic

Will be ice: Made on premises

Purchase

Water heater(s):

Tank Type:

- a. Manufacturer and model: _____
- b. Storage Capacity: _____ gallons
 Electric water heater _____ kilowatts (kW) Gas water heater: _____ BTU's
- c. Water heater recovery rate (gallons per minute at 80°F temperature rise): _____ GPM

Tankless:

- a. Manufacturer and model: _____
- b. Quantity of tankless water heaters: _____
- c. Water heater recovery rate (gallons per minute at 80°F temperature rise): _____ GPM

(See Water Heater Calculators on the Plan Review Unit website to calculate recovery rate needed)

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ware Washing Equipment:

Manual Ware Washing:

Size of each sink compartment (inches): Length: _____ Width: _____ Depth: _____

What type of sanitizer will be used?

Chlorine Iodine Quaternary Ammonia Hot water Other (specify)

Mechanical ware washing:

Will a warewashing machine be used? Yes No

Warewashing machine manufacturer and model: _____

Type of sanitization: Hot water (180°F) Chemical

General:

Describe how cooking equipment, cutting boards, slicers, counter tops, other food contact surfaces and clean in place equipment that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

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

Square feet of air-drying space: _____ ft²

Handwashing:

Indicate number and location of handwashing sinks:

Employee Accommodations:

Indicate location for storing employees' personal items (ex. coats, purses, medication, etc.):

Refuse and Recyclables:

Will refuse be stored inside? Yes No

If yes, where: _____

Provision to refuse disposal: Dumpster Compactor

Will a contract for off-site cleaning of the dumpster/compactor be obtained? Yes No

If yes, indicate name of cleaning contractor: _____

Will the dumpster/compactor be cleaned at the establishment? Yes No

Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.):

Service Sink:

Location and size of service (mop) sink/can wash: _____

Describe location for storage of cleaning implements (e.g. mops, brooms, hoses, etc.): _____

Insect and Rodent Control:

How is protection provided on all outside doors?

- Self-closing door Fly Fan Screen Door

How is protection provided on windows (including drive-thru windows) or other openings to the outer air?

- Self-closing Fly Fan Screening N/A

Linen:

Indicate location of clean and dirty linen storage: N/A (no linen storage on site)

Poisonous and Toxic Material:

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage: