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# Food Service Establishment Permit

Items that must be submitted for plan review:

- Site plan showing: water supply, sewage disposal, garbage containers, can wash, parking, driveway, and all other utilities
- Floor plans drawn to scale (1/4" = 1' minimum) on 11"x14" paper or larger
- Equipment list and specification sheets of all proposed equipment, with manufacturer's name and model numbers
- Proposed menu
- Completed application (Attached)
- Plan review fee of **\$250** (New) **\$100** (Remodel) **\$0** (Transitional)

**\*All items must be submitted prior to any permits being issued\***

## Stokes County Environmental Health Department

Mailing Address:

PO Box 187

Danbury, NC 27016

Physical Address:

1014 Main St.

Danbury, NC 27016

For questions please call: **(336) 593-2403**

All franchised, chain, or prototypical plans are required to be submitted, for review and approval, to the Environmental Health Section Plan Review Unit. However, an application along with other required documents need to be submitted to our office as well.

## Environmental Health Section Plan Review Unit

### Use for plan review submittal

Environmental Health Section

Plan Review Unit

5605 Six Forks Rd.

Raleigh, NC 27609

Phone: (919) 707-5864

Fax: (919) 845-3973

**N.C. Department of Health & Human Services  
Division of Public Health  
Environmental Health Section  
Plan Review Unit**

**Food Establishment Plan Review Application**

Type of Construction:      NEW                   REMODEL                   TRANSITIONAL

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_                  Zip Code: \_\_\_\_\_                  County \_\_\_\_\_

Phone (if available):    \_\_\_ - \_\_\_ - \_\_\_                  Fax:    \_\_\_ - \_\_\_ - \_\_\_

Owner or Owner's Representative:    \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_                  Zip Code: \_\_\_\_\_

Telephone:    \_\_\_ - \_\_\_ - \_\_\_                  Fax:    \_\_\_ - \_\_\_ - \_\_\_

E-mail Address: \_\_\_\_\_

Submitter: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City & State \_\_\_\_\_                  Zip Code: \_\_\_\_\_

Telephone:    \_\_\_ - \_\_\_ - \_\_\_                  Fax:    \_\_\_ - \_\_\_ - \_\_\_

E-mail Address: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

<b>Food Service Fee Schedule</b>	
New Food Service	\$250
Food Service Remodel	\$100
Transitional Food Service	No Fee

**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)

**Hours of Operation:**

Sun\_\_\_\_\_ Mon\_\_\_\_\_ Tue\_\_\_\_\_ Wed\_\_\_\_\_ Thu\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_

**Projected number of meals served between product deliveries:**

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Facility total square feet: \_\_\_\_\_

Projected start date of construction: \_\_\_\_\_ Projected completion date: \_\_\_\_\_

**TYPE OF FOOD SERVICE:** Restaurant Food Stand Drink Stand Commissary Meat Market Other (explain): \_\_\_\_\_**CHECK ALL THAT APPLY** Sit-down meals Take-out meals Catering

Single-service (disposable):

 Plates  Glassware  Silverware

Multi-use (reusable):

 Plates  Glassware  SilverwareIndicate any **specialized processes** that will take place: Curing  Acidification (sushi, etc.)  Reduced Oxygen Packaging (eg: Vacuum) Smoking  Sprouting Beans  Other

Explain checked processes: \_\_\_\_\_

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

**COLD STORAGE**

Method used to determine cold storage requirements: \_\_\_\_\_

Cubic-feet of reach-in cold storage:

Reach-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Reach-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Walk-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Number of reach-in refrigerators: \_\_\_\_\_

Number of reach-in freezers: \_\_\_\_\_

**HOT HOLDING**

Food that will be held **hot**:

**COLD HOLDING**

Food that will be held **cold**:

**COOLING**

Indicate by checking the appropriate boxes how cooked food will be cooled to 41<sup>0</sup>F (7<sup>0</sup>C) within 6 hours.

If "Other" is checked indicate 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"/>

**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 <sup>0</sup> F (21 <sup>0</sup> C)	<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"/>

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## FOOD HANDLING PROCEDURES

**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, etc.)
- When (time of day and frequency/day) food will be handled

**1. READY-TO-EAT FOOD HANDLING** (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

**2. PRODUCE HANDLING**

**3. POULTRY HANDLING**

**4. MEAT HANDLING**

**5. SEAFOOD HANDLING**

**DRY STORAGE**

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

Square feet of dry storage shelf space: \_\_\_\_\_ ft<sup>2</sup>

Where will dry goods be stored? \_\_\_\_\_

**FINISH SCHEDULE**

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

<b>Area</b>	<b>Floor</b>	<b>Base</b>	<b>Walls</b>	<b>Ceiling</b>
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other				
Other				

**WATER SUPPLY - SEWAGE**

1. Is water supply: Municipal  Well  Is sewer: Municipal  Septic
2. Will ice: be made on premises  or purchased
3. Water heater:
- 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 hour at 80°F temperature rise): \_\_\_\_\_ GPH  
**(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)**
  - Tankless:
    - a. Manufacturer and model: \_\_\_\_\_
    - b. Quantity of tankless water heaters: \_\_\_\_\_  
**(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)**
4. 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"/>

## WAREWASHING EQUIPMENT

### a. Manual Warewashing

1. Size of sink compartments (inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_
2. What type of sanitizer will be used?  
Chlorine:  Iodine:  Quaternary Ammonium:  Hot Water:  Other (specify):

### b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes  No   
Warewashing machine manufacturer and model: \_\_\_\_\_
2. Type of sanitization: Hot water (180°F)  Chemical

### c. General

1. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:  
\_\_\_\_\_
2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space:  
\_\_\_\_\_  
Square feet of air-drying space: \_\_\_\_\_ft<sup>2</sup>

## HANDWASHING

Indicate number and location of handwashing sinks:

## EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:



**REFUSE AND RECYCLABLES**

1. Will refuse be stored inside? Yes  No   
If yes, where \_\_\_\_\_
2. Provision for refuse disposal: Dumpster  Compactor
3. Provision for cleaning dumpster/compactor: On-site  Off-site   
If off-site cleaning, provide name of cleaning contractor: \_\_\_\_\_
4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.):

**SERVICE SINK**

1. Location and size of service (mop) sink/can wash: \_\_\_\_\_
2. Is a separate mop storage area provided? Yes  No  If yes, describe type and location: \_\_\_\_\_

**INSECT AND RODENT CONTROL**

1. How is protection provided on all outside doors?  
Self-closing door  Fly Fan  Screen Door
2. How is protection provided on windows?  
Self-closing  Fly Fan  Screening

**LINEN**

1. Indicate location of clean and dirty linen storage:

**POISONOUS OR TOXIC MATERIALS**

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