



# Wilson County Health Department

1801 Glendale Drive SW • Wilson, NC 27893-4401 • Phone 252.237.3141

## Food Service Plan Review and Permit Application

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

**Type of Construction:**       NEW       REMODEL       CONVERSION       CHANGE OF OWNERSHIP

**Establishment Information:**

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

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

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Owner Information:**

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

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

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Establishment is owned by:       Association       Corporation       Individual

Partnership       Other Legal Entity

**Submitter Information: (if different from owner)**

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

Owner, manager architect, etc.)

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

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

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

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

STATEMENT: I hereby certify that the information provided within this application is accurate. I understand that any deviation or variance from the information contained in this application without prior approval from Wilson County Environmental Health may nullify plan approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner or Responsible Owner)

**\*NOTE: If food service facility is serviced by a septic system or a well, an inspection must be conducted by the Health Department prior to submitting this application. Please contact the Onsite Water Protection section at 252-291-0468.**

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**Fee:**                \*250.00\*      **Date Received:**      \_\_\_\_\_      **Receipt #:**      \_\_\_\_\_

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**1. CONSTRUCTION:**

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

**2. HOURS OF OPERATION:** List the hours of operation for each day of operation:

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**3. TYPE OF FOOD SERVICE:** (Select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Sit-down meals           |
| <input type="checkbox"/> Food Stand             | <input type="checkbox"/> Take-out meals           |
| <input type="checkbox"/> Drink Stand            | <input type="checkbox"/> Catering                 |
| <input type="checkbox"/> Commissary for MFU     | <input type="checkbox"/> Delivery                 |
| <input type="checkbox"/> Meat Market            | <input type="checkbox"/> Custom Self-Service Area |
| <input type="checkbox"/> Other (explain): _____ |   |

**4. PROJECTED NUMBER OF MEALS:** List the approximate number of meals you plan to serve for each meal, each day:

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

**5. 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: *include attachment of written procedures*

- N/A       Curing       Sprouting Beans       Acidification (sushi, etc.)  
 Smoking       Reduced Oxygen Packaging (Vacuum)       Other

**6. Will any VIRTUAL BRANS be provided?**     Yes     No

- If yes, list brand names: \_\_\_\_\_
- Menu to be served: \_\_\_\_\_
- Estimated number of meals per week: \_\_\_\_\_

**7. WATER SUPPLY AND SEWAGE:**

**WATER SUPPLY:**     Municipal                       Well                      **SEWER:**     Municipal                       Septic  
 Will ice be:     Made on premises                       Purchased

**8. WATER HEATER SPECIFICATIONS:**

- Check one:     Tankless                       Storage Tank
  - If storage tank, capacity \_\_\_\_\_ gallons
- Quantity: \_\_\_\_\_
- Check one:     Gas \_\_\_\_\_ BTU's                       Electric \_\_\_\_\_ kW
- Recover rate: \_\_\_\_\_ GPM
- Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

**9. WAREWASHING EQUIPMENT:**

- **MANUAL:**
  - Size of compartments (inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_
  - Size of drain boards (L x W in inches) Right: \_\_\_\_\_ x \_\_\_\_\_ Left: \_\_\_\_\_ x \_\_\_\_\_



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- What type of sanitizer will be used?
  - Chlorine     Iodine     Quaternary Ammonium     Hot Water
  - Other (specify): \_\_\_\_\_

**MECHANICAL:**

- Will a warewashing machine be used?     Yes     No
- Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_
- Method of sanitization:     Hot water     Chemical: \_\_\_\_\_

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

**10. HAND SINKS:**

- Number of hand sinks: \_\_\_\_\_ Water Temperature: \_\_\_\_\_
- Location: \_\_\_\_\_  
 \_\_\_\_\_

**11. PLUMBING:** Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Foor Drain	
Warewashing sink				
Warewashing Machine				
Handwashing Sinks				
Prep Sinks				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other: _____				
Other: _____				

**12. SERVICE SINK:**

- Inside Establishment     Outside Establishment  
 Please specify location: \_\_\_\_\_
- Describe location for storage of cleaning implements (e.g., mops, brooms, hoses): \_\_\_\_\_  
 \_\_\_\_\_



13. INSECT AND RODENT CONTROL:

- How is protection provided on all exterior doors?
  - Self-closing door       Fly Fan       Screen Door
- How is protection provide on windows (including drive thru window(s)) or other openings to the outer air?
  - Self-closing       Fly Fan       Screening       N/A

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

\_\_\_\_\_  
\_\_\_\_\_

15. POISONOUS AND TOXIC MATERIALS: Indicate location of poisonous and/or toxic material storage

\_\_\_\_\_  
\_\_\_\_\_

16. EMPLOYEE ACCOMODATIONS: Indicate location for storing employees' personal items (e.g., coats, purses, medication, etc.)

\_\_\_\_\_  
\_\_\_\_\_

17. REFUSE AND RECYCLABLES:

- Will refuse be stored inside? Yes  No 
  - i. If yes, where? \_\_\_\_\_
- Provision for refuse disposal:  Dumpster  Compactor
  - i. Is the dumpster/compactor shared or for individual use only? \_\_\_\_\_
- Will a contract for off-site cleaning of the dumpster/compactor be obtained? Yes  No 
  - i. If yes, indicate name of cleaning contractor: \_\_\_\_\_
- Will the dumpster/compactor be cleaned at the establishment? Yes  No
- Describe the location for storage of recyclables (cooking grease, cardboard, glass, etc.)

\_\_\_\_\_  
\_\_\_\_\_

18. DRY STORAGE: Provide information on the frequency of deliveries and the expected food volume that is to be delivered each time.

\_\_\_\_\_  
\_\_\_\_\_

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

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

19. AIR-DRYING: Describe location and type (drainboards, wall-mounted or overhead shelving, stationary or portable racks, etc.) of air-drying space: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Square feet of air-drying space: \_\_\_\_\_ ft<sup>2</sup>



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20. **FINISH SCHEDULE:** Indicate floor, wall, and ceiling finishes (e.g., stainless steel, vinyl, acoustic tile, sheetrock)

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

21. **COLD STORAGE:** Include all equipment specification sheets.

- Number of reach-in refrigerators: \_\_\_\_\_ Reach-in storage: \_\_\_\_\_ Ft<sup>3</sup>
- Number of reach-in freezers: \_\_\_\_\_ Reach-in storage: \_\_\_\_\_ Ft<sup>3</sup>
- Walk-in refrigeration:  Yes If yes, \_\_\_\_\_ Ft<sup>3</sup> No
- Walk-in freezer:  Yes If yes, \_\_\_\_\_ Ft<sup>3</sup> No

22. **COLD HOLDING:** List all foods that will be held **cold**:

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23. **COOLING:** Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F within 6 hours. If "Other" is checked, indicate the type of food: \_\_\_\_\_

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Bath				
Rapid Chill**				

\*\*check only if rapid chill equipment such as blast chillers are provided



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**24. THAWING:** Indicate by checking the appropriate boxes how food in each category will be thawed.

If "Other" is checked, indicate the type of food: \_\_\_\_\_

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water Less than 70°F				
Cooked Frozen				
Microwave				

**25. HOT HOLDING:** List all foods that will be held **hot**:

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

- Will any food be served raw or undercooked?  Yes  No

If yes, please list food item(s): \_\_\_\_\_

\*Consumer advisory (disclosure and reminder) must meet requirements set forth in 3-603.11

Explain the handling procedures for the following categories of food. Describe the process from receiving to service including: *Attach additional sheets if necessary.*

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specify pieces of equipment) 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) \_\_\_\_\_

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2. Produce; grains and pasta: (e.g., beans, rice, and macaroni) \_\_\_\_\_

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3. Poultry: \_\_\_\_\_

4. Meat: \_\_\_\_\_

5. Seafood: \_\_\_\_\_

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Date Reviewed: \_\_\_\_\_ EHS: \_\_\_\_\_

Comments:



## Submittal Checklist

- Plan Review Fee
- A completed Food Service Establishment Plan Review Application
- Employee Health and Personal Hygiene Plan describing process to exclude or restrict food workers who are sick, diagnosed, been exposed to food-borne illness, or have infected cuts and lesions.
- A copy of the proposed menu. Indicate which food items will be produced by specialized food processes on site and indicate any food items which will be served raw, undercooked, or not otherwise processed to eliminate pathogens AND how that will be disclosed on the sample menu
- A complete set of plans, drawn to scale (no smaller than ¼" -1") showing the location of equipment, plumbing, and lighting/electrical services. The plans and specifications should include at least the following:
  - a. Site plan; including dumpster location, grease storage container location, entrances and exits, loading and unloading areas
  - b. A floor plan with the location for all food service equipment with each unit clearly identified
  - c. Refrigeration and hot holding equipment
  - d. Utensil wash sink, dishwasher equipment with designated soiled dishes area, designated air-drying location, and designated storage of clean dishes and utensils
  - e. Food preparation sinks, labeled for usage
  - f. Handwashing sinks
  - g. Storage rooms, garbage rooms, toilet rooms
  - h. Finish schedule for each room including floor, walls and ceilings, floor and wall joint coving
  - i. Electrical layout that meets lighting requirements (50ft candles at food contact surfaces, food preparation areas, and food cooking area; 20ft candles at consumer self-service, handwashing and ware washing' and 10ft candles at walk ins and dry food storage
  - j. Food and dry goods storage area; Note all items shall be stored at least 6 inches above the floor
  - k. Plumbing schedule, including floor drains, floor sinks, wastewater lines, hot water generating equipment (manufacturer, model and recover rate specification shall be submitted), grease traps and/or grease interceptor location, handwashing sinks, ware washing sinks, dump sinks for bars, prep sinks and facilities for the washing of garbage cans and mops
  - l. Cabinets/shelves for storing toxic chemicals
- Manufacturer specification or cut sheets for each piece of equipment shown on the plans; all food service/kitchen equipment must be commercial and meet ANSEW sanitation standards
- Standard procedures that ensure compliance with the NC Food Code (or state which ones are being developed). Equipment for adequate rapid cooling, including ice baths and refrigeration, and equipment for hot holding potentially hazardous foods designated clearly on plans

Additional planning information can be found at:

Food Establishment Plan Review Manual <https://ehs.dph.ncdhhs.gov/faf/food/planreview/docs/plan-review-for-food-establishments-guide-2016-final.pdf>

NC Food Code <https://ehs.dph.ncdhhs.gov/faf/docs/foodprot/NC-FoodCodeManual-2021-FINAL.pdf>

Rules Governing the Food Protection and Sanitation of Food Establishments <https://ehs.dph.ncdhhs.gov/docs/rules/294306-26-2600.pdf>