



## Stanly County Health Department Environmental Health Division

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Director

**For office use only**

Fee paid on: \_\_\_\_\_ Date submitted: \_\_\_\_\_

### PLAN REVIEW APPLICATION FOR FOODSERVICE ESTABLISHMENTS

**YOU MUST COMPLETE ALL SECTIONS OF THIS APPLICATION. YOUR APPLICATION WILL NOT BE REVIEWED IF ALL INFORMATION REQUESTED IS NOT PROVIDED.**

#### **TYPE OF FACILITY:**

- \_\_\_\_\_ push cart/ mobile food unit
- \_\_\_\_\_ restaurant
- \_\_\_\_\_ food stand/commissary
- \_\_\_\_\_ meat market

#### **CHECK ONE OF THE FOLLOWING:**

- \_\_\_\_\_ New construction of a food service establishment
- \_\_\_\_\_ Renovation of an existing food service establishment
- \_\_\_\_\_ Conversion of an existing building into a food service establishment
- \_\_\_\_\_ Ownership or lease transfer of a facility

**All construction/renovation must comply with the Guidelines for the Design, Installation and Construction of Food Establishments in North Carolina and with the Rules Governing the Sanitation of Restaurants and other Foodhandling Establishments 15A NCAC 18A.2600. Questions regarding plumbing, electrical, and mechanical installations should be addressed with the Inspections Department at 704-986-3667. THIS DEPARTMENT WILL NOT ISSUE A PERMIT UNTIL ALL BUILDING AND FIRE CODE REQUIREMENTS HAVE BEEN MET.**

#### **YOU MUST SUBMIT THE FOLLOWING ALONG WITH THIS APPLICATION:**

1. A set of plans (drawn-to-scale) that includes the following:
  - Site plan
  - Floor plan
  - Interior layout of kitchen equipment
  - Kitchen equipment specifications
  - Floor/wall/ceiling finish schedule
  - Lighting plan
  - Plumbing plan
2. A complete menu
3. Plan review fee: \$75 for mobile food units and push carts  
\$125 for food stands/commissaries/meat markets  
\$250 for new restaurants  
\$250 for renovation of existing food service establishments

If there is a transfer of ownership or transfer of a lease and you do not plan to change the menu or the interior layout of equipment in an existing food service establishment, a plan review fee is not required.

**GENERAL INFORMATION:**

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

Establishment's Address: \_\_\_\_\_

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

Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

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

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

Email address: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

**OPERATIONAL INFORMATION:****Hours of Operation:**

Sun	
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	

Number of Seats: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

**Type of Service:**

Eat In	
Take Out	

Which of the following will you be preparing in your restaurant?  
(Check all that apply).

\_\_\_\_\_ Thin meats, poultry, fish, eggs (hamburgers, chicken breast, fish filet, etc.)

\_\_\_\_\_ Thick meats, whole poultry (whole roasts, pork, chicken, meatloaf, etc.)

\_\_\_\_\_ Soups, stews, chowders, casseroles

\_\_\_\_\_ Bakery items (pies, custards, creams)

\_\_\_\_\_ Other (explain): \_\_\_\_\_

## **FOOD PREPARATION PROCEDURES:**

### **1. PRODUCE PREPARATION PROCEDURES**

- |   |           |          |
|---|-----------|----------|
| a. Will produce be washed or rinsed before use?             | Yes _____ | No _____ |
| b. Is there a location used for washing or rinsing produce? | Yes _____ | No _____ |
| c. Will it be used for other purposes?                      | Yes _____ | No _____ |

Indicate location of produce washing and/or preparation equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

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### **2. POULTRY PREPARATION PROCEDURE**

- |   |           |          |
|---|-----------|----------|
| a. Will poultry be washed or rinsed before use?             | Yes _____ | No _____ |
| b. Is there a location used for washing or rinsing poultry? | Yes _____ | No _____ |
| c. Will it be used for other purposes?                      | Yes _____ | No _____ |

Indicate location of poultry washing and/or preparation equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

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### **3. SEAFOOD PREPARATION PROCEDURE**

- |   |           |          |
|---|-----------|----------|
| a. Will seafood be washed or rinsed before use?             | Yes _____ | No _____ |
| b. Is there a location used for washing or rinsing seafood? | Yes _____ | No _____ |
| c. Will it be used for other purposes?                      | Yes _____ | No _____ |

Indicate location of seafood washing and/or preparation equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

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### **4. PORK AND/OR RED MEAT PREPARATION**

- |  |           |          |
|--|-----------|----------|
| a. Will pork or red meat be washed or rinsed before use?                 | Yes _____ | No _____ |
| b. Is there a location used for washing or rinsing pork and/or red meat? | Yes _____ | No _____ |
| c. Will it be used for other operations?                                 | Yes _____ | No _____ |

Indicate location of pork/red meat washing and/or preparation equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

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**THAWING:**

How will potentially hazardous foods (frozen meats, fish, poultry, vegetables, etc.) be thawed? (Check all that apply).

- ☐ Refrigeration
- ☐ Running water less than 70°F
- ☐ Cooked frozen
- ☐ Microwave

**HOT HOLDING:**

How will you keep hot foods under temperature control (>135°F) after they are cooked?

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**COLD HOLDING:**

How will you keep cold foods under temperature control (<45°F) after they are prepared?

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**COOLING:**

How will potentially hazardous foods be cooled to 45°F within 6 hours? (Check all that apply).

- ☐ Shallow pans
- ☐ Ice baths
- ☐ Rapid chill
- ☐ Fans

**DRY STORAGE:**

1. Where will dry goods (paper products, dry foods, canned foods, etc.) be stored?

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2. How often will deliveries arrive?

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**EQUIPMENT:**

1. Is adequate and approved (NSF listed) freezer and refrigeration available to store frozen foods at 0° F and below, and refrigerated foods at 45°F and below? **Yes/No**
2. Does each refrigerator/freezer have a thermometer? **Yes/No**
3. Number of refrigeration units: \_\_\_\_\_
4. Number of freezer units: \_\_\_\_\_

5. List the make and model numbers of all kitchen equipment or submit specification sheets for equipment. (All equipment, new or used, must be NSF approved or equal).

[illegible]

**DISHWASHING FACILITIES:**

1. What type of utensils will be used to serve food to customers?  
\_\_\_\_\_ single-use utensils (disposable plates, cups, forks, spoons, etc.)  
\_\_\_\_\_ multi-use utensils
2. Will dishes/utensils be washed by hand or by a dish machine? \_\_\_\_\_
3. If washed by hand, what size sink will be used? You must include the dimensions of one bowl of the sink.  
\_\_\_\_\_ two-compartment  
\_\_\_\_\_ three-compartment      Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

4. What type of sanitizer will be used if dishes are washed by hand?  
☐ Chlorine  
☐ Iodine  
☐ Quaternary ammonia  
☐ Hot water (booster heater)
5. If using a dish machine, what type will be used?  
☐ Low temperature (Utensils are sanitized using a chlorine feeder.)  
☐ High temperature (Utensils are sanitized using hot water.)
6. Please list the dish machine manufacturer and model number:  
 Make \_\_\_\_\_  
 Model # \_\_\_\_\_

### **GARBAGE AND REFUSE:**

1. Will a dumpster be used? **Yes/No**
2. If yes to #2, will the dumpster be cleaned on-site or off-site. If the dumpster will be cleaned off-site, you must obtain a cleaning contract with a waste management company. List the company name below.  
 \_\_\_\_\_

If the dumpster will be cleaned on-site, you must have a dumpster pad with a drain that is plumbed into the municipal sewer system or into an approved on-site septic system. A hose bib equipped with hot and cold water and a backflow prevention device is required at the dumpster pad area.

3. Location of grease storage container. \_\_\_\_\_

### **CLEANING FACILITIES:**

1. Where is the can wash located?  
 \_\_\_\_\_
2. Is the can wash area equipped with a drain to the sewer/septic system, a hose bib supplied with hot and cold water and a backflow prevention device? **Yes/No**
3. Where will cleaning chemicals be stored?  
 \_\_\_\_\_
4. Will a washing machine be used? **Yes/No**

### **WATER SUPPLY:**

- ☐ well water  
☐ municipal water

1. Will ice be made on the premises? **Yes/No**

### **SEWAGE DISPOSAL:**

- ☐ municipal sewer  
☐ on-site septic system

**WATER HEATER:**

1. Water heater storage capacity. \_\_\_\_\_ Gallon Storage (must be a minimum of 50 gallons).
2. What is the Gallons per Hour (GPH) Recovery Rate listed on the water heater? \_\_\_\_\_
3. What is the Input listed on the water heater? \_\_\_\_\_ Kilowatts (Kw) or \_\_\_\_\_ (BTU)
4. Is water heater gas or electric? \_\_\_\_\_
5. Water heater make and model number: \_\_\_\_\_
6. How many hand sinks are located in the establishment (including those in bathrooms)? \_\_\_\_\_

**FLOORS, WALLS & CEILINGS:**

Fill in the construction materials used in each area (Ex. quarry tile, stainless steel, coved molding, sheet rock, FRP board, etc.)

	<b>Floor</b>	<b>Base</b>	<b>Walls</b>	<b>Ceilings</b>
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Other				

**INSECT & RODENT HARBORAGE:**

1. Are all outside doors and toilet room doors self-closing?
2. How is fly protection provided on all outside doors?  
\_\_\_\_ Screen doors  
\_\_\_\_ Fly fan  
\_\_\_\_ Self-closing doors
3. How is fly protection provided on windows?  
\_\_\_\_ Screened windows  
\_\_\_\_ Fly fan  
\_\_\_\_ Self-closing windows

**I hereby certify that the information in this application is correct, and I understand that any change(s) without prior approval from Stanly County Environmental Health may result in the disapproval of plans.**

**Name (Please PRINT):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_