



**Stanly County Health Department  
Environmental Health Division**

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David Jenkins, MPH  
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:**

- \_\_\_\_\_ 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 and the North Carolina Food Code Manual. 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
  - Interior layout of kitchen equipment showing the placement of each piece of food service equipment, storage areas, and trash can wash facilities.
  - 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 & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

Owner or Owner's Representative: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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

**OPERATIONAL INFORMATION:**

**Hours of Operation:**

Sun	
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	

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

**Check all that apply:**

\_\_\_\_ Sit down meals

\_\_\_\_ Take-out meals

\_\_\_\_ Catering

Single Service (disposable):

\_\_\_\_ Plates    \_\_\_\_ Glassware    \_\_\_\_ Silverware

Multi-use (reusable):

\_\_\_\_ Plates    \_\_\_\_ Glassware    \_\_\_\_ Silverware

Does your food establishment have an **EMPLOYEE HEALTH POLICY**?    \_\_\_ Yes    \_\_\_ No  
(If No, see sample attached)

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**

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**

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**

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**

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:**

What equipment will be used to keep hot foods under temperature control (>135°F) after they are cooked?

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**COLD HOLDING:**

What equipment/methods will be used to 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 41°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 41°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. 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 #1, you must obtain a cleaning contract with a waste management company. List the company name below.  
 \_\_\_\_\_
3. Location of grease storage container. \_\_\_\_\_

**CLEANING FACILITES:**

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

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