



**Transitional Permit Application for an Existing Food Service Establishment**

Transitional permits are valid for only 180 days from the date of issuance. It is the owner's responsibility to complete the permit conditions before expiration date. Expiration of a transitional permit will require a full plan review application to be submitted.

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

**Present Name of Establishment:** \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

New Owner: \_\_\_\_\_

(Person, Corporation or Partnership Name)

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

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

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

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

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

*I certify that the information in this application is correct, and I understand that any changes may delay issuance of a Transitional permit.*

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

PLEASE PRINT NAME

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

(Owner or Responsible Representative)





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The following information is required for the transitional permit application to be complete:

Please list any changes that you are considering for this facility:

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Attach a separate sheet if needed

\_\_\_\_\_ **Only if floor plan changes are planned** - provide a floor plan drawn to scale (1/4" = 1 foot) showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities. Drawings can be submitted in adobe pdf.

\_\_\_\_\_ Provided specification sheets for each piece of new or replacement equipment. All new equipment must be identified on a separate list. All equipment must be NSF listed, UL classified for sanitation or be constructed to meet NSF/ANSI standards.

\_\_\_\_\_ Proposed menu

\_\_\_\_\_ Transitional Plan Review Fee \$100

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Submittal Items Reviewed by \_\_\_\_\_

Submittal Date \_\_\_\_\_  
Staff initial

Fee Paid: cash / check / credit

Office hours are Monday through Friday 8:30 am to 5:00 pm. If we can be of further assistance, contact Environmental Health at 560-7800, Fax submittal (919)-560-7830, Email: [healthinspector@dconc.gov](mailto:healthinspector@dconc.gov)





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**Hours of Operation**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Type of Food Service** (Check all that apply)

Restaurant \_\_\_\_\_ Sit-down meals \_\_\_\_\_  
Food Stand (no seats provided) \_\_\_\_\_ Take-out \_\_\_\_\_  
Drink Stand \_\_\_\_\_ Single-Service \_\_\_\_\_  
(no food served but using multi-use glassware) (Disposable dishes and/or utensils)  
Commissary \_\_\_\_\_ Catering \_\_\_\_\_  
Meat Market \_\_\_\_\_ Multi-use \_\_\_\_\_  
(Reusable dishes and or utensils)  
Lodging Food Service \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**Food Processing Procedures**

**Specialized processes**

**The processes below require an application to the State for an approved variance.**

Indicate any specialized processes that will take place:

- Curing  Acidification (sushi, etc.)  Sprouting Beans
- Smoking  Reduced Oxygen Packaging (eg: Vacuum sealing)
- Fermentation  Other

Explain checked processes on separate sheets: included: yes \_\_\_\_\_ No \_\_\_\_\_

Additional information will be provided by the health department to complete the application.

**Water Supply–Sewage Disposal-Equipment Specifications**

**Water Supply:** City \_\_\_\_\_ Well \_\_\_\_\_

**Sewer:** City \_\_\_\_\_ Onsite \_\_\_\_\_





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**Water Heater Specifications:**

(Manufacturer information sheet or plate on tank)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Tank Size: (gallons) \_\_\_\_\_ Recovery @ 100° Rise \_\_\_\_\_

Power Rating: Gas \_\_\_\_\_ (BTU'S) Electric \_\_\_\_\_ (kW)

**Dish machine:**

(Manufacturer information sheet or plate on machine)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Booster Heater Yes \_\_\_\_\_ No \_\_\_\_\_ Gallons per Hour \_\_\_\_\_

Chemical Sanitizer Yes \_\_\_\_\_ No \_\_\_\_\_

Leased Machine Yes \_\_\_\_\_ No \_\_\_\_\_

**Three-compartment Pot Wash Sink:**

Sink Size (in inches) front to back \_\_\_\_\_" x Width \_\_\_\_\_" x Depth \_\_\_\_\_"

Drain Board: Width \_\_\_\_\_" x Depth \_\_\_\_\_"

Indirect Drains Yes \_\_\_\_\_ No \_\_\_\_\_

**Can Wash/ Mop Sink:**

(36" x 36")

Location \_\_\_\_\_

**Disposal of Solid Waste:**

Dumpster \_\_\_\_\_ Roll out Cart \_\_\_\_\_





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**Complete this section only if changes to menu and food preparation is planned**

**Thawing**

Check the appropriate box to indicate how food will be thawed

<b>Thawing Process</b>	<b>Meat</b>	<b>Seafood</b>	<b>Poultry</b>	<b>Vegetables</b>	<b>Other</b>
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as Part of Cooking Process					

**Cooling**

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 45° after being cooked.

<b>Cooling Process</b>	<b>Meats</b>	<b>Seafood</b>	<b>Poultry</b>	<b>Vegetables</b>	<b>Soups</b>	<b>Sauce</b>
In the refrigerator in shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

**Preparation Procedures**

**Produce:**

Will produce be purchased fully prepared and pre-rinsed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, where will produce be prepared and / or rinsed? \_\_\_\_\_  
Additional information: \_\_\_\_\_

**Seafood:**

Will Seafood be purchased fully prepared and pre-rinsed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, where will seafood be prepared and / or rinsed? \_\_\_\_\_  
Additional information: \_\_\_\_\_

**Poultry:**

Will poultry be purchased fully prepared and pre-rinsed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, where will poultry be prepared and / or rinsed? \_\_\_\_\_  
Additional information: \_\_\_\_\_

**Pork and / or Red Meat:**

Will pork and / or red meat be purchased fully prepared and pre-rinsed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If NO, where will pork or red meat be prepared and / or rinsed? \_\_\_\_\_

