



Food Service Establishment Plan Review Application rev 12/2019

Durham City / County building permit number (LDO) _____

Projected start date of construction: _____ Projected completion date: _____

Name of Establishment: _____

Address: _____

City: _____ State: NC Zip Code: _____

Phone (if available): _____ - _____ - _____ Cell: _____ - _____ - _____

E-mail Address: _____

Name of Legal Ownership: _____

Type of Ownership: association, corporation, individual, partnership, or other legal entity:

Names and Titles of Persons in Legal Ownership: _____

Legal Ownership Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Name of Ownership Local Agent: _____

Local Agent Email Address: _____

Project Contact Person Name: _____

Contact Person Telephone: _____ - _____ - _____

Contact Person E-mail Address: _____

I certify that the information in this application is correct, and I understand that any changes after submission may void or delay plan approval.

Name: _____
PLEASE PRINT NAME

Signature: _____ Date: _____
(Owner or Responsible Representative)





Incomplete applications will delay processing and review.

This plan review application must have the following completed to be accepted:

Plan Review Application Checklist:

_____ Complete set of plans drawn to scale showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities. Plans must include general plumbing, and lighting drawings and room finish schedules.

A digital (adobe format) plan is preferred to a printed plan.

_____ A site plan locating exterior equipment, such as dumpsters and walk-ins.

_____ Manufacturer specification sheets for each piece of new equipment. All equipment must be NSF listed, UL classified for sanitation **or** constructed to meet NSF/ANSI standards.

_____ Proposed menu, including consumer advisory if needed.

_____ Plan Review Fee: \$250.00 cash, credit card, invoice or check. (*indicate choice*) Counter checks are not accepted. (*make check out to Durham County Environmental Health*)

Office hours are Monday through Friday 8:30 am to 5:00 pm.

Please contact Environmental Health Plan Review for assistance at 919-560-7800

healthinspector@dconc.gov Fax submittal (919)-560-7830





GENERAL INFORMATION

- Franchise / chain establishments must submit applications to the State plan review office: ncplanreview@dhhs.nc.gov or <https://ehs.ncpublichealth.com/faf/food/planreview/contacts.htm>
- Plan review completion varies seasonally and averages two weeks after completed application is processed. Incomplete applications will delay processing and review.
- The plan review confirmation letter must be signed and returned before City County planning building permit sign off will occur.
- A copy of the plan review confirmation letter must be provided to all site project managers.
- Direct questions about plan review requirements to the plan review specialist.
- The food service permit is issued on site after all requirements are met.
- The food service owner / manager must be present to sign the food service permit.
- **No Food** is allowed in the kitchen until it has been permitted by Durham County.
- The food service permitting **evaluation** is conducted by appointment only.
- The food service permitting evaluation should be scheduled **at least 10 days in advance.**
- The food service permitting evaluation **does not guarantee** a permit will be issued.
- The entire site **MUST** pass the food service permitting **evaluation** to receive a permit.

Useful information & websites:

A kitchen design should include designated clean & dirty zones to prevent cross contamination and consider flow patterns for the following:

- Food (Receiving, Storage, Preparation & Service)
- Dishes & Tableware (Clean Storage, Service, Soiled, Cleaning, Air Drying & Storage)
- Utensils & Containers (Clean Storage, Service, Soiled, Cleaning, Air Drying & Storage)
- Trash & Garbage (Service Area, Holding, & Storage)
- NC DHHS Plan Review web page:
<https://ehs.ncpublichealth.com/faf/food/planreview/index.htm>
- NC Plan Review Design Tools:
<https://ehs.ncpublichealth.com/faf/food/planreview/app.htm>
- NC Food Code
<https://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>
- NC .2600 Food Rules:
<https://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf>





Hours of Operation

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Day	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Type of operation: (check all that apply)

Sit-down meals	
Take-out	
Single-Service	
Multi-use utensils	
Catering	
Other (Explain)	
Shared Kitchen	
Commissary	

Total Number of Seats: Inside _____ Outside _____

Specialized Food Processing Procedures

Written approvals must be in place prior to the use of specialized processes.

Use of these processes without approval can result in permit action.

Will specialized food processes be conducted? YES NO

(8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process)

Check any specialized processes that will take place:

Curing () Smoking () Acidification(Fermenting/Pickling) () Sprouting Beans ()
Dehydrating () Sous vide () Reduced Oxygen Packaging (eg: ROP, canning,
Vacuum packaging) () Other ()

The applicant will need to submit the HACCP plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment. (8-103.10 Modifications & Waivers)

Request an application from the State Variance Committee by email:
ncvariancecommittee@dhhs.nc.gov

Will any meats, eggs, seafood, poultry, and shellfish served or sold raw or undercooked?
YES NO

If YES, then include a Consumer Advisory with menu submission.
(see NC Food Code 3-603.11- Consumer Advisory)





FOOD SUPPLIES: (Ingredient List)

List all foods & ingredients used in the food service establishment.

In Chart A: Include all condiments, sauces, dry goods, cheeses, herbs, produce, breads, pasta, soups, etc.

In Chart B: Include all meats, seafood and other proteins.

Chart A:

Check all that apply

Produce / Dairy / Dry Foods / Sauces / Soups	Supplier / Vendor	Refrigerated	Frozen	Dry	Canned / bottled	Bagged	Raw / Fresh	Pre-cooked	Whole	Pre-portioned





Chart B: Check all that apply

Proteins (Meats & Seafood)	Supplier / Vendor	Refrigerated	Frozen	Dry	Canned / Bottled	Bagged	Raw	Pre-cooked	Whole	Pre-portioned





List all menu items check all processes that apply

Dish / Entree	Prepared Day of service	Prepared beforehand	Ready-to-Eat	Ready-to-Cook	Cooked then Cooled	Held Hot	Held Cold	Reheated





FOOD HANDLING PROCESSES

Check all that apply

Menu Entrées	Prepared on site	Thawed	Cooked from frozen	Breaded & Marinated	Bulk Cooking	Cooked to order	Held Hot	Held Cold	Cooked then Cooled	Reheating





Check all that apply

Sandwiches & Sides	Prepared on site	Thawed	Cooked from frozen	Breaded & Marinated	Bulk Cooking	Cooked to order	Held Hot	Held Cold	Cook then Cooled	Reheated





Check all that apply

Soups, Salads, Sauces & Gravies	Prepared on site	Thawed	Cooked from frozen	Breaded & Marinated	Bulk Cooking	Cooked to order	Held Hot	Held Cold	Cooked then Cooled	Reheated





Processes for cooling cooked food (cooling food down after cooking for storage)

Indicate how hot foods will be cooled rapidly from above 135°F to below 41°F after being cooked.

Check all that apply

Cooling Process	Meat	Seafood	Poultry	Soup	Sauce	Other
Shallow Pans in Refrigerator						
Ice Baths						
Rapid Chill						

FOOD STORAGE

Check all that apply

Equipment	Number of Units	Total Cubic-Feet of Space for each unit	Ready to Eat	Raw Proteins
Walk-in Refrigeration Storage				
Work Top Freezer				
Walk-in Freezer Storage				
Reach-in Freezer Storage				
*Reach-in Refrigeration Storage				
*Flip Top & Work Top Refrigeration				
*Refrigerated Drawers				

***Raw meats, poultry & seafood should not be stored in the same flip top units as cooked or ready-to-eat foods.**





CONSTRUCTION: Indicate what building materials will be used in the following areas

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Toilet Rooms				
Other Storage				
Can Wash/Mop Basin				
Dish Washing Area				
Walk-in Refrigeration & Freezers				

INSECT & RODENT CONTROL: Check all that apply

	Fly Fans or Air Curtains	Self-Closures
Delivery Doors		
Entry Doors		
Screened Doors		
Restroom Doors		
Drive Thru Pickup Window		
Walk Up Screen Window		

GARBAGE & REFUSE:

Check all that apply

	YES	NO	INDOOR	OUTSIDE
Compactor (stored on asphalt or concrete)				
Dumpster (stored on asphalt or concrete)				
Trash cans with lids				
City Trash Bags				
Recycle Containers with lids				
Dirty Linen Containers with lids				
Grease Recycling Containers/Systems (stored on asphalt or concrete)				
Can Wash (curbed pad sloped to drain with hot and cold water and backflow prevention with mop rack)				





Indicate what materials will be recycled:

Glass ___ Metal ___ Paper ___ Cardboard ___

Plastic ___ Grease ___ Food ___ Oyster shells ___

Do you plan to donate food? Yes ___ No ___

Where will all chemicals be stored? _____

ICE: Made on premises Purchased commercially? Source _____

WATER HEATER (minimum with 80°F rise) Gas _____ Electric _____

Instantaneous Make and Model# _____

Number of Instantaneous units to be installed _____

Tank Water Heater Make and Model# _____

Recovery Rate (gallons per hour) _____ Storage Capacity (gallons) _____

EMPLOYEE STORAGE (Required)

Describe storage facilities for employees' personal belongings:

LINENS

Check all that apply

Cleaning methods	Onsite clothes washer	Onsite clothes dryer	Laundry service	Manual 3 compartment sink	Dishwasher
Aprons					
Uniforms					
Cut Resistant Gloves					
Wiping Cloths					
Table Cloths					
Cloth Napkins					
Oven Mitts					

Location of dirty linen storage: _____

Location of clean linen storage: _____





PREPARATION AREAS – Number of prep tables with sink

Produce / Ready-to-Eat _____ Raw Proteins _____ Sushi _____

DISHWASHING FACILITIES

At least one 3-compartment sink (with integral drain boards on each side) large enough to submerge the largest equipment and utensils are required.

Dimensions of sink basins: Length _____ Width _____ Depth _____

Length of drain boards: Right _____ Left _____

A spray arm faucet is required on all three compartment sinks for pre-rinsing.

What type of sanitizer is used?

Chlorine Iodine Quaternary Ammonium Hot water

Other, Describe: _____

Dishwasher sanitizing cycle used:

Hot water Chemical

Make & Model _____

Total amount of square feet of air-drying space provided: _____ ft²

This space is only for air-drying and not as clean dish and/or ware storage.

HANDWASHING & TOILET FACILITIES

- Hand washing sinks with hot and cold running water, soap and individual paper towels must be provided in each food preparation and ware washing area.
- Hand wash lavatories must be placed to prevent cross contamination.
- Identify all handwashing lavatories in all restrooms and work areas (zones).

Water Supply: City _____ Well _____

Waste Water / Sewer: City _____ Septic on site _____

