



Transitional (Existing) Food Service Establishment Application

Name of Establishment: _____

Previous Name of Establishment: _____

Address: _____

City: _____ State: NC Zip Code: _____

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

E-mail _____

Email: _____

Date of Sale of Business: _____

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: _____ - _____ - _____

Email: _____

2nd Email: _____

Name of Ownership Local Agent: _____

Local Agent Email: _____

Local Agent 2nd Email: _____

Billing Contact Person Name: _____

Billing Contact E-mail: _____

Project Contact Person Name: _____

Contact Person Telephone: _____ - _____ - _____

Contact Person E-mail: _____





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

Transitional Plan Review Application Checklist:

____ General plans showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities.

Must indicate scale on plans.

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

____ Manufacturer specification sheets required for each piece of new equipment added to establishment. All equipment must be certified to meet ANSI standards.

____ Proposed menu, including consumer advisory if needed

____ Completed Application Submittal

Submit via email for admin review, food@dconc.gov

At this point our Team will need to review your application to determine if a fee is applicable. A fee will be applicable if it is determined that transitional permit cannot be issued, and a new permit is required.

Once they have made their determination one of 2 thing will happen

- If no fee is required, your documents will join the existing que of applications for plan review.
- If a fee is required, you will be contacted via email about paying the fee.
 - You will need to pay the fee before your application can resume the plan review process.
 - Effective January 1, 2022, Environmental Health Services application fees are non-refundable.

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

Please contact Environmental Health for assistance

- food@dconc.gov
- Phone 919-560-7800
- Fax 919-560-7830





GENERAL INFORMATION

- Transitional plan review completion varies seasonally and averages two weeks after completed application is processed.
- Facility must be thoroughly cleaned prior to site evaluation and walkthrough. Failure to do so may result in non-issuance of permit.
- Direct questions about transitional permit requirements to the assigned inspector.
- The transitional food service permit is issued on site after completion of walkthrough.
- The food service owner / manager must be present to sign the food service permit.
- The transitional food service permitting **evaluation** is conducted by appointment only.
- The transitional food service permitting evaluation should be scheduled **at least 10 days in advance.**
- The transitional food service permitting evaluation **does not guarantee** a permit will be issued.
- The entire site **MUST** have no imminent hazards during permitting **evaluation** to receive a transitional permit.
- If facility list of repairs is too extensive or construction is needed, facility may require full review by our Plan Review Department.

Useful information & websites: _

- **NC Food Code:**
[FDA Food Code 2017.pdf \(ncdhhs.gov\)](#)
- **NC .2600 Food Rules:**
[Sanitation-of-FoodEstablishments-15ANCAC18A-2600.pdf \(ncdhhs.gov\)](#)
- **Water Heater Sizing Calculator:**
<http://www.deh.enr.state.nc.us/food/planreview/app.htm>





Types of Service

Hours of Operation

Day	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Type of operation: (check all that apply)

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

Total Number of Seats: Inside _____ Outside _____

Will facility be remodeled*: yes _____ no _____

*Remodeling may require full plan review.

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.

1. Will specialized food processes be conducted? YES NO

Check any specialized processes that will take place:

Curing	
Smoking	
Acidification (Fermenting/Pickling)	
Sprouting Beans	
Dehydrating	
Sous Vide	
Reduced Oxygen Packaging (Vacuum)	
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

2. Will any meats, eggs, seafood, poultry, or shellfish be served or sold raw or undercooked?

YES ____ NO ____

If YES, then include a Consumer Advisory with menu submission.





3. Indicate any of the following highly susceptible populations that will be catered to or served:

Nursing Home	
Child Care Center	
Health Care Facility	
Assisted Living Center	
School with Pre-School Age Kids	
N/A	

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	NA
Shallow Pans in Refrigerator							
Ice Baths							
Rapid Chill							





Hot Holding

List all foods that will be held hot:

Cold Holding

List all foods that will be held cold:

Cold Food Storage

Check all that apply or Choose "NA"

Equipment	Number of Units	Total Cubic-Feet of Space for each unit	Used for Ready to Eat Foods	Used for Raw Proteins	NA
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					





Thawing

Indicate how food from each category will be thawed, or NA.

If other is checked, indicate types of food: _____

Thawing Process	Meat	Seafood	Poultry	Other	N/A
Refrigeration					
Running water less than 70°F					
Cooked Frozen					
Microwave					

Food Sources

List all food suppliers that will be used and for what type of products provided by each:

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled. Please be as detailed and specific as possible.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Food handling explanations should be supplemented with a menu detailing ingredients and processes for each offering.





1. **PRODUCE AND READY-TO-EAT FOOD HANDLING** (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. **RAW-POULTRY HANDLING**

3. **RAW-MEAT HANDLING**

4. **RAW-SEAFOOD HANDLING**





INSECT & RODENT CONTROL: Check all that apply

	Fly Fans or Air Curtains	Self-Closures	NA
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	NA
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? _____

WATER SUPPLY:

Water: Municipal _____ Well _____

Sewer: Municipal _____ Septic _____

ICE: Made on premises Purchased commercially? Source _____





WATER HEATER (minimum with 70°F rise)

Gas ____ Electric ____

Tankless Make and Model# _____

Number of Tankless units installed _____

OR

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

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 is required.

Dimensions of sink basins: Length _____ Width _____ Depth _____

Length of drain boards: Right ____? Left _____





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.

Indicate number and location of all handwashing sinks

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

I understand applications that are inactive for 2 years will expire and a new application must be submitted to continue the project.

Name: _____
PLEASE PRINT NAME

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

E-Signature:

