



Food Service Establishment Plan Review Application rev 08/2023

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: _____

Mailing Address(if different) _____

City _____ State _____ Zip Code _____

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: _____

Billing if Different from Owner:

Name _____ Phone _____ - _____ - _____

Email _____

Address _____

City _____ State _____ Zip _____

Project Contact Person Name: _____

Contact Person Telephone _____ - _____ - _____

Contact Person E-mail Address: _____





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 are required for all equipment. All equipment must be certified to meet ANSI standards.

_____ A proposed menu, including consumer advisory if needed. **This is a separate document.**

Completed Application, Menu, Spec Sheets and Drawings should be emailed to Food@dconc.gov for initial admin review.

Plan Review Fee is \$250 and will be invoiced after Application Is deemed complete

- **Effective January 1, 2022, Environmental Health Services application fees are non-refundable.**
- Our preferred payment method is by online credit card.
- Check made payable
 - **DCoDPH EH**
 - Mail Payment to

*Durham County Public Health
Attn: Environmental Health
414 E Main St
Durham NC 27701*

- Office Visits require Metal Detector
 - **Before 4:00** pm, Lobby 25, 2nd Floor
 - Visa, MasterCard or Discover
 - cash, exact amount only
 - check or money order

Please contact Environmental Health Plan Review for assistance: food@dconc.gov

Ph:919-560-7800, Fax (919)-560-7830 Office hours are Monday through Friday 8:30 am to 5:00 pm.





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>



Human Services Building | 414 East Main Street, Durham, North Carolina 27701

(919) 560-7800 | Fax (919) 560-7830 | <http://dcopublichealth.org/services/environmental-health> Equal Employment/Affirmative Action Employer food@dconc.gov



Hours of Operation:

Sun ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____ Facility total square feet: _____ ft²

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

Restaurant

Sit-down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Single service (disposable):

Plates

Glassware

Silverware

Meat Market

Multi-use (reusable)

Plates

Glassware

Silverware

Other (explain): _____





1. Indicate any **specialized processes** that will take place:

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

a. **Explain** checked processes:

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

- Nursing Home
- Child Car Center
- Health Care Facility
- Assisted Living Center
- School with pre-school aged Children
- NA

3. Will any meats, eggs, seafood, poultry and shellfish served or sold raw or undercooked?

- Yes
- No

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

COLD STORAGE

1. **Method used to determine cold storage requirements:** _____

2. Cubic-feet of reach-in cold storage:

- a. Reach-in refrigerator storage: _____ ft³
- b. Reach-in freezer storage: _____ ft³

3. Cubic-feet of walk-in cold storage:

- a. Walk-in refrigerator storage: _____ ft³
- b. Walk-in freezer storage: _____ ft³

4. Number of reach-in refrigerators: _____

5. Number of reach-in freezers: _____





HOT HOLDING

Food that will be held **hot**: _____

COLD HOLDING

Food that will be held **cold**: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 41⁰F (7⁰C) within 6 hours.
If "Other" is checked indicate type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other	N/A
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed.
If "Other" is checked indicate type of food: _____

Thawing Process	Meat	Seafood	Poultry	Other	N/A
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Running Water less than 70 ⁰ F (21 ⁰ C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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



2. PRODUCE HANDLING





3. RAW-POULTRY HANDLING

4. RAW-MEAT HANDLING

5. RAW-SEAFOOD HANDLING

PREPARATION AREAS:

Number of Prep Sinks:

- Produce/Ready-to-eat ____
- Raw Proteins (chicken, pork, beef) _____
- Raw Seafood ____





DRY STORAGE

1. Provide name of vendors and the frequency of deliveries for each vendor

: _____

2. Square feet of dry storage shelf space: _____ft²

3. Where will dry goods be stored?

FINISH SCHEDULE

Indicate floor, wall, and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile) or NA

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other				
Other				





.WATER SUPPLY - SEWAGE

- 1. Is water supply: Municipal Well Is Sewer Municipal Septic
- 2. Will ice: be made on premises or purchased
- 3. Water heater:
 - Tank type:
 - a. Manufacturer and model: _____
 - b. Storage capacity: _____gallons
 - Electric water heater: _____kilowatts (kW)
 - Gas water heater: _____ BTU's
 - Water heater recovery rate (gallons per hour at 70°F rise, unless there is a dish machine):
_____ GPH

(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)

- Tankless:
 - a. Manufacturer and model: _____
 - b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)

4. Check the appropriate box indicating equipment drains or N/A:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





WAREWASHING EQUIPMENT

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

1. Manual Warewashing

a. Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

b. What type of sanitizer will be used?

Chlorine: _____ Iodine: Quaternary Ammonium: Hot Water: Other (specify):

Explain Other: _____

2. Mechanical Warewashing

a. Will a warewashing machine be used? Yes No

b. Warewashing machine manufacturer and model: _____

Type of sanitization: Hot water (180°F) Chemical

3. General

a. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

b. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space:

c. Square feet of air-drying space: _____ ft²

5. HANDWASHING

Indicate number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:



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		
Other Openings		

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)				

LINEN

Indicate location of clean and dirty linen storage: _____

POISONOUS OR TOXIC MATERIALS

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage: _____

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 with no refund and a new application must be submitted to continue the project

Name: _____
PLEASE PRINT NAME

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