



Renovation Review Application for an Existing Food Service Establishment

This Renovation Review is provided to ensure NC Food Code requirements are met.

____ See **Check List for requirements, fees and payment options**

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

E-mail(s): _____

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(s): _____ - _____ - _____ Cell _____ - _____ - _____

Name of Ownership Local Agent: _____

Local Agent Email Address: _____

Project Contact Person Name: _____

Contact Person Phone(s) _____ - _____ - _____ Cell _____ - _____ - _____

Contact Person E-mail(s): _____

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 representative





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

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 (no food served but using multi-use glassware) _____ Lodging Food Service _____
Meat Market _____ Commissary _____ Catering _____ Mobile food _____
Other (Explain) _____

Single-Service utensils _____ Multi-use utensils _____





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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.

Complete the following where changes to menu and food preparation are planned or indicate NA

Water Supply–Sewage Disposal-Equipment Specifications

Water Supply: City _____ Well _____ **Sewer:** City _____ Onsite _____

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 _____





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Can Wash/ Mop Sink: (36" x 36") Location _____

Disposal of Solid Waste: Dumpster _____ Roll out Cart _____

Thawing

Check the appropriate box to indicate how food will be thawed or indicate NA

Table with 6 columns: Thawing Process, Meat, Seafood, Poultry, Vegetables, Other. Rows include 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, Or indicate NA

Table with 7 columns: Cooling Process, Meats, Seafood, Poultry, Vegetables, Soups, Sauce. Rows include 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? _____

