

HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER FOOD SERVICE ESTABLISHMENTS

Unless directed otherwise, all items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail to PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

Plans are reviewed using North Carolina's 15A NCAC 18A .2600 "*Rules Governing the Food Protection and Sanitation of Food Establishments*" and the *NC Food Code Manual*. To view these rules, go to <http://www.deh.enr.state.nc.us/rules.htm> or obtain a copy from our office at 307 West Cornelius Harnett Boulevard, Lillington, NC 27546. For additional information regarding facility design, you can access the plan review link of the Environmental Health section on the Health Department's website at www.harnett.org. Plans must be submitted to the local health department for approval **prior to** construction, renovation, or modification of such facilities.

**Franchised, chain, and prototyped facilities* are required to submit a separate application and plans to the Department of Public Health, Environmental Health Section Plan Review Unit at 5605 Six Forks Rd., Raleigh, NC 27609.

If you have questions, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Greene, REHS
Food and Lodging Program Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- _____ Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, trash can wash facilities, etc. along with general plumbing, electrical, mechanical, and lighting drawings
- _____ Plans must include a site plan locating exterior equipment such as dumpsters or walk ins
- _____ A complete equipment list and corresponding manufacturer specification sheets
- _____ A proposed menu
- _____ A completed Food Service Plan Review Application
- _____ \$200 Plan Review Fee

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Food Service Plan Review Application

Type of plan: New Upfit of a new shell Remodel _____

Name of Establishment: El Burrito Mexican Restaurant

Physical Address: 1625 Buffalo Lake Rd.

City: Sanford State: NC Zip: 27332

Phone (if available): _____ Fax: _____

Email: _____

Applicant: Pedro L. Martinez

Address: 19 Moon Run

City: Sanford State: NC Zip: 27332

Phone: 910-578-0201 Fax: _____

Email: pmart981@aol.com

Owner (if different from Applicant): _____

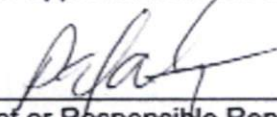
Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature:  Date: 3/3/20
(Applicant or Responsible Representative)

Hours of Operation:

Mon 11-9 Tues 11-9 Wed 11-9 Thurs 11-9 Fri 11-10 Sat 11-10 Sun 12-9

Number of Seats: 200

Facility total square feet: 4000+ patio

Projected start date: April 2020

Type of Food Service:

Check all that apply

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____

- Sit down meals
- Take-out meals
- Catering

Utensils:

Multi-use (reusable): _____ Single-use (disposable): _____

Food delivery schedule (per week): twice

Indicate any **specialized process** that will take place:

- Curing Acidification (sushi, etc.) Smoking
- Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Has the process been approved by the Variance Committee of the DPH Food Protection Branch? _____

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

- Nursing/Rest Home Child Care Center Health Care Facility
- Assisted Living Center School with pre-school aged children or an immunocompromised population

Water Supply:

Type of water supply: (check one)

- Non-public (well)
- Community/Municipal

Is an annual water sample required of your establishment? (check one)

- Yes
- No

Wastewater System:

Type of wastewater system: (check one)

- Public sewer
- On-site septic system

Water Heater:

Manufacturer and Model: AO Smith BTS 199

Storage Capacity: 50 gallons

- Electric water heater: _____ kilowatts (kW)
- Gas water heater: 199,000 BTU's

Water heater recovery rate: _____ GPH

If tankless, _____ GPM ; Number of heaters: _____

Person in Charge (PIC) and Employee Health

Are Persons in Charge certified food protection managers who have passed a test accredited by an approved ANSI program? yes

Eligible Person In Charge: Joel Ramirez

Program Serv Safe Cert. # 13880342 Exp. Date 7/25/2021

For multiple shifts and/or occasions of absences, list all eligible Persons in Charge:

Eligible Person In Charge: Pedro Martinez

Program A.P. Quality Training Cert. # 1790872 Exp. Date _____

Eligible Person In Charge: _____

Program _____ Cert. # _____ Exp. Date _____

*Attach a copy of your establishment's Employee Health Policy

Are copies of signed Employee Health Policies on file? _____

Food Sources

Names of food distributors:	Deliveries/wk
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: rice, beans, shredded chicken, chees, ground beef, shredded beef

Foods that will be held **cold** before serving: lettuce, tomatoes, shredded cheese, vegetables

Will **time** be used as a method to control for food safety? yes

Will a buffet be provided? no If so, attach a list of foods that will be on the buffet.

Cooling

List foods that will be cooked and cooled for later use or added to another food as an ingredient: pork, ground beef, cheese, sauces, shredded chicken

Describe utensils and methods used to cool foods: shallow pans, freezer, walk in fridge, ice baths

Dry Storage

Frequency of deliveries per week: 2 Number of dry storage shelves: 30

Square feet shelf space: 60 ft²

Is a separate room designated for dry storage? yes

Food Preparation Facilities

Number of food prep sinks: 2 Are separate sinks provided for vegetables and meats? yes

Size of sink drain boards (inches): _____

How will sinks be sanitized after use or between meat species? quat spray, soap and hot water

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 84 Width 30 Depth _____

Length of drain boards (inches): Right 24 Left 24

Are the basins large enough to immerse your largest utensil? yes

What type of sanitizer will be used?

Chlorine _____ Quaternary x Hot water (171°F) _____ Other (specify) _____

Mechanical Dishwashing

Will a dishmachine be used? Yes x No _____

Dishmachine manufacturer and model: auto chlor system

Hot water sanitizing ? no or chemical sanitizing? yes

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? _____

quat spray, soap and hot water

How many air drying shelves will you have? _____

Calculate the square feet of total air drying space: _____ ft²

Hand washing

Indicate number and locations of hand sinks in the establishment: _____

1 - dishwashing, 1 - cooking,

Employee Area

Indicate location for storing employees' personal items: _____

break room

Finish Schedule

*Floor, wall and ceiling finishes (vinyl tile, acoustic tile, vinyl baseboards, FRP, etc.)

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	non slip epoxy	tile	FRP	Acoustic Tile
Bar	Sealed Conc.	Wood	Paint	Open
Food Storage	Non Slip Epoxy	Tile	FRP	Acoustic Tile
Dry Storage	Non Slip Epoxy	Tile	FRP	Acoustic Tile
Toilet Rooms	Sealed Conc.	Tile	Paint/ Tile	Acoustic Tile
Garbage & Can Wash Areas	Non Slip Epoxy	Tile	FRP	Acoustic Tile
Dining Other	Sealed Conc.	Wood	Paint	Open
Other				

Garbage, Refuse and Other

Will trash be stored in the restaurant overnight? Yes _____ No x _____ If so, how will it be stored to prevent contamination? _____

Location and size of can wash facility: Just inside back door

Are hot and cold water provided as well as a threaded nozzle? yes

Will a dumpster be provided? yes

Do you have a contract with the dumpster provider for cleaning? yes

How will used grease be handled? grease container pick up

Is there a contract for grease trap cleaning? yes

Are doors self-closing? yes Fly fans provided? no

Where will chemicals be stored? Dry Storage

Where will clean linen be stored? Dry Storage

Where will dirty linen be stored? Outside

