

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 420 McKinney Pkwy., 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 <https://ehs.dph.ncdhhs.gov/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 a Registered Environmental Health Specialist at 910-893-7547:

Plans must be submitted with the following supporting documentation:

- _____ A 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-in coolers
- _____ A complete equipment list and corresponding manufacturer specification sheets
- _____ A proposed menu
- _____ A completed Food Service Plan Review Application
- _____ \$250 Plan Review Fee

07/23
gv

Food Service Plan Review Application

Type of plan: New Remodel

Name of Establishment: CHAMPS FRESH FOOD

Physical Address: 8909 US-401,

City: Fuquay-Varina State: NC Zip: 27526

Phone (if available): 910-988-6049 Fax: _____

Email: KCP163@GMAIL.COM

Applicant(s): ANKIT PATEL

Address: 2100 WEAVER FOREST WAY

City: MORRISVILLE State: NC Zip: 27560

Phone: 910-988-6049 Fax: _____

Email: KCP163@GMAIL.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: Ankit Patel Date: 05/06/2024
(Applicant or Responsible Representative)

Hours of Operation:

Mon 5a-11p Tues 5a-11p Wed 5a-11p Thurs 5a-11p Fri 5a-11p Sat 5a-11p Sun 6a-11p

Number of Seats: 4

Facility total square feet: 4800 Sq-Ft

Projected start date: 03/01/2025

Type of Food Service:

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

Check all that apply

- Sit down meals
- Take-out meals
- Catering

Utensils:

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

Food delivery schedule (per week): _____

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: _____

Storage Capacity: 60 gallons

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

Water heater recovery rate: 345 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? NO

Eligible Person In Charge: _____
Program _____ Cert. # _____ Exp. Date _____

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

Eligible Person In Charge: _____
Program _____ Cert. # _____ 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.	<u>SYSCO</u>	<u>1 / WK</u>
2.	_____	_____
3.	_____	_____
4.	_____	_____

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: _____
PIZZA, HOT DOG, BURGER, AND CHICKEN SANDWICH

Foods that will be held **cold** before serving: **NONE**

Will **time** be used as a method to control for food safety? **NO**

Will a buffet be provided? _____ 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: **SLICE CHEESE, SHREDDED CHEESE, LETTUCE, TOMATO, ONION**

Describe utensils and methods used to cool foods: **ALL UTENSILS USED IS DISPOSABLE**

Dry Storage

Frequency of deliveries per week: **2** Number of dry storage shelves: **6**

Square feet shelf space: **15** ft²

Is a separate room designated for dry storage? **YES**

Food Preparation Facilities

Number of food prep sinks: **3** Are separate sinks provided for vegetables and raw meats? **1**

Size of sink drain boards (inches): **81**

How will sinks be sanitized after use or between meat species? _____
use warm, soapy water to wash the sink.

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 18 Width 18 Depth 14

Length of drain boards (inches): Right 18 Left 18

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

What type of sanitizer will be used?

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

Mechanical Dishwashing

Will a dishmachine be used? Yes _____ No _____

Dishmachine manufacturer and model: _____

Hot water sanitizing ? _____ or chemical sanitizing? _____

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? _____

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: 2

Employee Area

Indicate location for storing employees' personal items: Storage Room

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	parceling tile	rubber	frp	pvc
Bar				
Food Storage	parceling tile	rubber	frp	pvc
Dry Storage	parceling tile	rubber	frp	pvc
Toilet Rooms	parceling tile	rubber	frp	pvc
Garbage & Can Wash Areas	concrete			
Other				
Other				

Garbage, Refuse and Other

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

Location and size of can wash facility: **4 * 4**

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? **NO**

How will used grease be handled? **its collect in grease trap**

Is there a contract for grease trap cleaning? **NO**

Are doors self-closing? **YES** Fly fans provided? _____

Where will chemicals be stored? **IN storage room**

Where will clean linen be stored? **IN storage room**

Where will dirty linen be stored? **IN storage room**

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process. Incomplete descriptions may result in the application being returned.

Explain the entire food handling procedure for each food item on the proposed menu. Including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

FOOD PRODUCT PIZZA

**Pizza come in frozen and store in freezer. no thawed need. cooked in pizza oven.
mark time and date. throw not sale item after 2 hour**

FOOD PRODUCT hot dog

**Bread come weekly and storage in storage room
Hot dog meat come frozen and cooked directly from freezer . meet keep hot in hot case**

FOOD PRODUCT Burger

Bread come weekly and storage in storage room

beef patty come frozen and cooked directly from freezer . meet keep hot in hot case

FOOD PRODUCT chicken wings, strips and chicken sandwich

Bread come weekly and storage in storage room

Chicken come frozen and cooked directly from freezer .keep hot in hot case

FOOD PRODUCT _____

*****ADDITIONAL SHEETS ARE AVAILABLE**

