

## Food Service Plan Review Application

Type of plan: New  Remodel

Name of Establishment: LA Cosecha Snacks

Physical Address: 161 S McKinley Street Coats NC

City: Coats State: NC Zip: 27521

Phone (if available): 919 9029496 Fax: \_\_\_\_\_

Email: ameliadavalos07@gmail.com

Applicant(s): Amelia Davalos Santibanez

Address: 1103 Ridge Rd

City: Angier State: NC Zip: 27501

Phone: 919-902-9496 Fax: \_\_\_\_\_

Email: ameliadavalos07@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: Amelia Davalos Date: 3-26-2026  
(Applicant or Responsible Representative)

## 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>. Plans must be submitted 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

2024





**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? \_\_\_\_\_

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. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Time/Temperature Control for Food Safety**

Foods that will be held **hot** before serving: N/A Electric Crock Pot

Foods that will be held **cold** before serving: Fridge and Freezer

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

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: corn

Describe utensils and methods used to cool foods: Crock pot

**Dry Storage**

Frequency of deliveries per week: \_\_\_\_\_ Number of dry storage shelves: 2

Square feet shelf space: \_\_\_\_\_ ft<sup>2</sup>

Is a separate room designated for dry storage? yes

**Food Preparation Facilities**

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

Size of sink drain boards (inches): \_\_\_\_\_

How will sinks be sanitized after use or between meat species? N/A no meat

**Hours of Operation:**

Mon 11 am - 8 pm Tues 11 am - 8 pm Wed 11 am - 8 pm Thurs 11 am - 8 pm Fri 11 am - 8 pm Sat 11 am - 8 pm Sun 11 am - 8 pm

**Number of Seats:** 16

**Facility total square feet:** 600

**Projected start date:** \_\_\_\_\_

**Type of Food Service:**

**Check all that apply**

\_\_\_\_\_ Restaurant

Sit down meals

\_\_\_\_\_ Food Stand

Take-out meals

\_\_\_\_\_ Drink Stand

\_\_\_\_\_ Catering

\_\_\_\_\_ Commissary

\_\_\_\_\_ Meat Market

Other (explain): SNACK SHOP

**Utensils:**

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

**Food delivery schedule** (per week): 2

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: Bradford white  
M115U655-INAL

Storage Capacity: 15 gallons

- Electric water heater: 50/60 Hz kilowatts (kW)
- Gas water heater: \_\_\_\_\_ BTU's

Water heater recovery rate: \_\_\_\_\_ GPH

If tankless, \_\_\_\_\_ GPM ; Number of heaters: \_\_\_\_\_

### Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	vinyl tile	Wood-Baseboard	drywall	drywall
Bar	vinyl tile	wood	wood-tile	wood-tile
Food Storage	Refrigerator	tile		
Dry Storage	metal-shelf			
Toilet Rooms	vinyl tile	wood-Baseboard	Brick drywall	dry wall
Garbage & Can Wash Areas	vinyl-tile	No Base	Brick	dry wall
Other				
Other				

### Garbage, Refuse and Other

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

Location and size of can wash facility: \_\_\_\_\_

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? \_\_\_\_\_

How will used grease be handled? N/A

Is there a contract for grease trap cleaning? no

Are doors self-closing? yes Fly fans provided? yes

Where will chemicals be stored? backroom storage

Where will clean linen be stored? backroom storage

Where will dirty linen be stored? inside bin in backroom storage

**Dishwashing Facilities**

**Manual Dishwashing**

Number of sink compartments: 3

Size of sink compartments (inches): Length 2 ft Width 7.06 Depth 1.7

Length of drain boards (inches): Right 1.2 Left 1 ft

Are the basins large enough to immerse your largest utensil? \_\_\_\_\_

What type of sanitizer will be used?

Chlorine  Quaternary \_\_\_\_\_ Hot water (171°F)  Other (specify) Simple Green

**Mechanical Dishwashing**

Will a dishmachine be used? Yes \_\_\_\_\_ No

Dishmachine manufacturer and model: → E3CWP18182-18 Serv - Ware

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? By hand

How many air drying shelves will you have? 2

Calculate the square feet of total air drying space: \_\_\_\_\_ ft<sup>2</sup>

**Hand washing**

Indicate number and locations of hand sinks in the establishment: 1 hand washing sink and located inside bathroom

**Employee Area**

Indicate location for storing employees' personal items: Back storage room