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 Nikki Eason, 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

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Food Service Plan Review Application

| Type of plan: New | arise I | - | |
|---|-------------------|------------------|---------------------------------------|
| Name of Establishment: Smithfig | | | GQ |
| Physical Address: 2102 West Cum | berland | Street | |
| City: Dunn | State: | NC | Zip: <u>28334</u> |
| Phone (if available): 910-892-2693 | ¥4. | Fax: | 919-852-5268 |
| Phone (if available): 910-892-2693 Email: Dunn@scnbnc.com | rjede. 3 | | T . |
| | | | |
| Applicant: | | | |
| Address: P.O. Box 148 | | | |
| City: Goldsboro | State: | NC | Zip: _27533 |
| Phone: 919-734-5428 Email: rpotts@jacksonbuilders.com | . 01-98 - 3-12 | _ Fax: _ | |
| Email: rpotts@jacksonbuilders.com | | C 16 Z | |
| | | | |
| Owner (if different from Applicant |): Same | As Above | e |
| Address: Same as Above | 1 | | ed . |
| City: | State: | n El 9 900 | Zip: |
| Phone: 919-604-2038 | | | |
| Email: jmoore@scnbnc.com | | | |
| - Ju3 | | | |
| | | | |
| I certify that the information in | this ap | plication | is correct, and I understand that any |
| | | | epartment may nullify plan approval. |
| | | | |
| Signature: Lay Fall | 1 | | Date: 3/20/19 esentative) |
| (Applicant or Res | ponsib | le Repre | esentative) |

| Hours of Operation: | Tale . | | |
|---|---------------|--|--|
| Mon 10 - 11 Tues 10 - 11 Wed 10 | - 11 Thurs 1 | <u>10-11</u> Fri <u>10-11</u> Sat | <u>10 - 11</u> Sun <u>10 - 11</u> |
| | | | |
| Number of Seats: | | | |
| Facility total square feet: 3,7 | | | |
| Projected start date: 2/4/2019 | | _ | |
| | * 10 1 | | |
| Type of Food Service: | | Check all tha | t apply |
| _x Restaurant | | X | Sit down meals |
| Food Stand | E St. | x | Take-out meals |
| Drink Stand | 200 | x | Catering |
| Commissary | | | |
| Meat Market | | | |
| Other (explain): | | | |
| | Space. | | |
| Utensils: | | | |
| Multi-use (reusable): | | _ Single-use (dispo | sable): |
| Food delivery schedule (per | week): _3 da | ays | |
| Indicate any specialized proc Curing Acidific | | T 100 100 100 100 100 100 100 100 100 10 | king |
| Reduced Oxygen Pack | aging (e.g. v | acuum packaging, | sous vide, cook-chill, etc.) |
| Has the process been approve Protection Branch? N/A | ed by the Va | riance Committee o | of the DPH Food |
| Indicate any of the following his served: | ghly susce | ptible populations | that will be catered to or |
| Nursing/Rest Home | Child | Care Center | Health Care Facility |
| Assisted Living Center | | hool with pre-school immunocompromis | ol aged children or an sed population |

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| 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: Rinnai CU199eN |
| Storage Capacity: Tankless gallons |
| Electric water heater: kilowatts (kW) |
| Gas water heater:199.000 BTU's |
| Water heater recovery rate: GPH |
| If tankless, 3.8 GPM; Number of heaters: 3 |

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Person in Charge (PIC) and Employee Health

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| accredited by an approved A | 1.0 | n managers who have passed a test |
|---|---------------------|--|
| Eligible Person In Charge: _ | Peter Stahl | |
| Program | Cert. # | Exp. Date |
| For multiple shifts and/or oc Eligible Person In Charge: _ | | es, list all eligible Persons in Charge: |
| | 7. 6 | Exp. Date |
| Eligible Person In Charge: _ | Air of Fig. | |
| Program | Cert. # | Exp. Date |
| *Attach a copy of your estab | olishment's Employ | ee Health Policy |
| Are copies of signed Emplo | yee Health Policies | on file? |
| | np! | |
| Food Sources | 5.7 | |
| Names of food distributors: | 7 (7) | Deliveries/wk |
| US Foods | : | 3 |
| Franklin Baking | al n | 5 |
| Coke | No. | 1 |
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Time/Temperature Control for Food Safety Foods that will be held **hot** before serving: Brunswick Stew, Baked Beans, Chili, BBQ Chicken, Fried Chicken, Bar-B-Que Pork Foods that will be held cold before serving: Cole Slaw, Potato Salad Will **time** be used as a method to control for food safety? ___ 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: Bar-B-Que Pork, Fried Chicken for Foc I Describe utensils and methods used to cool foods: Mixed Bar-B-Que placed in 2" pans up to 12 lbs. Partly covered, placed on speed rack and rolled into walk-in cooler for cooling. Labeled with time and temperature at mix time. Cooling verified at 2 hours and 6 hours **Dry Storage** Frequency of deliveries per week: __3___ Number of dry storage shelves: _31____ Square feet shelf space: 268.5 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 meats? Yes Size of sink drain boards (inches): 26"x24" How will sinks be sanitized after use or between meat species? chlorine sanitizing solution

Dishwashing Facilities

Manual Dishwashing

| Number of sink compartments: 3 | |
|--|-------------------|
| Size of sink compartments (inches): Length 24" Width 28" D | epth14" |
| Length of drain boards (inches): Right 30" Left 30" | |
| Are the basins large enough to immerse your largest utensil?Yes What type of sanitizer will be used? | |
| the control of the co | |
| Chlorine X Quaternary Hot water (171°F) Other | specify) |
| Mechanical Dishwashing | |
| Will a dishmachine be used? Yes No _x | |
| Dishmachine manufacturer and model: N/A | 1 |
| Hot water sanitizing ? or chemical sanitizing? C | hlorine Sanitizer |
| contact surfaces that cannot be submerged in sinks or put through cleaned and sanitized? Soup, Rinse, Sanitizer Solution | |
| e extended to the extended to | |
| How many air drying shelves will you have?4 | |
| Calculate the square feet of total air drying space: 72 | ft² |
| Hand washing | |
| Indicate number and locations of hand sinks in the establishment: Bolt-3, FOH-1 (Dinning Room), Bathrooms -4 | |
| | |
| Employee Area Indicate location for storing employees' personal items: Office | |
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Finish Schedule

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

| AREA | FLOOR | BASE | WALLS | CEILING |
|-----------------------------|--------------------|--|-----------------------------|---------------------|
| Kitchen | Quarry Tile | Quarry Tile | FRP / Stainless | Lay-in Ceiling Tile |
| Bar | N/A | | | |
| Food Storage | Same As Kitchen | - G | | |
| Dry Storage | Same As Kitchen | 5. | | |
| Toilet Rooms | Quarry Tile | Quarry Tile | Ceramic Tile / Sheetrock | Lay-In Ceilings |
| Garbage & Can Wash Areas | Concrete | | | |
| Other | 1.0 | ester est approximation of the est of the second of the se | | |
| Other | | 1,12 | | |

| 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: outside of back door, 3 | 6" x 48" | | | | |
| Are hot and cold water provided as well as a threaded noz Will a dumpster be provided? Yes | zle? <u>Yes</u> | | | | |
| Do you have a contract with the dumpster provider for clear How will used grease be handled? Smart Tank | ning? Yes | | | | |
| Is there a contract for grease trap cleaning? _Yes _Yes Fly fans provided? _Yes Fly fans provided _Yes Fly fans provided _Yes Fly fans provided _Yes Fly fans Fly fans Fly fans Fly fans | | | | | |
| Where will chemicals be stored?Dry Storage, Under Sink | (S | | | | |
| Where will clean linen be stored? Dry Storage Where will dirty linen be stored? Hamper | | | | | |
| 1 at 1. | | | | | |
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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 <u>each food item on the proposed menu</u>. 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 | See attached recipe book | |
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^{***}ADDITIONAL SHEETS ARE AVAILABLE