## 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 <a href="http://www.deh.enr.state.nc.us/rules.htm">http://www.deh.enr.state.nc.us/rules.htm</a> 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 Violette, 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:  A complete set of plans drawn to scale showing the placement  |                         |
|---|-------------------------|
| piece of food service equipment, storage areas, trash can wash etc. along with general plumbing, electrical, mechanical, and drawings  ——Plans must include a site plan locating exterior equipment dumpsters or walk-in coolers  ——A complete equipment list and corresponding manufacturer spe sheets  ——A proposed menu  ——A completed Food Service Plan Review Application  \$200 Plan Review Fee | facilities,<br>lighting |

09/19 gv

### Food Service Plan Review Application

| Type of plan: New                                 |                       |                              |  |
|---|-----------------------|------------------------------|--|
| Name of Establishment:                            | VAPPER TAN            | dy's Public House            | & Restnarant   |
| Physical Address: 27 5                            | Broad 5+              | E.                           |  |
| City: Angier                                      |                       |                              |  |
| Phone (if available): 919-2                       | 72-0535 Fax:          | NA                           | ·  |
| Email: dannybabb?                                 | yahoo. com            |                              |  |
|   |                       |                              | 22.4.  |
| Applicant: RAIPh BA                               | BB and K              | ubert Stapleton              | -CDKS, Inc   |
| Address: 9229 CAR City: 6ALNUT Phone 919)272-0539 | ley Circle            |                              |  |
| City: GARNIT                                      | State: <i>\\</i> C    | Zip: <u>27529</u>            | in a second seco |
| Phone. 919)272-0539                               | Fax:                  | 919 741-204                  | 707/   |
| Email: dannybabb                                  | 1 d yahrs. c          | 20m                          |  |
|   |                       |                              |  |
| Owner (if different from Applic                   | ant): <del>SAM</del>  | e A3 Above                   |  |
| Address:  |                       |                              |  |
| City:   | State:                | Zip:                         | _  |
| Phone:  | Fax:                  |                              |  |
| Email:  |                       |                              |  |
|   |                       |                              |  |
|   |                       |                              |  |
| I certify that the information                    | ı in this applicatior | n is correct, and I understa | and that any   |
| deviation without prior ap                        | proval from this De   | epartment may nullify plar   | า approval.  |
|   | 11                    | 7                            | 1 1  |
| Signature:  | ull 6                 | Date:                        | 2-21   |
| (Applicant or                                     | Responsible Repr      | esentative)                  |  |

|      | Hours of Operation:  |
|------|--|
|      | Mon//2 Tues//2 Wed//2 Thurs//2 Fri//2 Sat //-2 Sun//-2   |
|      | Number of Seats: 60 to 70 depends once everything in laided and Facility total square feet: 4300       |
|      | Projected start date: ASAP   |
|      | 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):   |
|      |  |
|      | Utensils:  |
|      | Multi-use (reusable): Single-use (disposable):   |
|      | Food delivery schedule (per week):   |
|      |  |
|      | Indicate any specialized process that will take place:   |
| . 14 | Curing Acidification (sushi, etc.) Smoking   |
| NK   | 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 <b>highly susceptible populations</b> that will be catered to or served: |
|      | Nursing/Rest Home Child Care Center Health Care Facility   |
| NA   | 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)  Pes No  |
| Wastewater System:   |
| Type of wastewater system: (check one)  Public sewer  On-site septic system    |
| Water Heater:  Manufacturer and Model: GESOTO 6 AAG/ E6N-SOH II D              |
| Manufacturer and Model: GESOTO 6 AAG E6N-50H110                                |
| Storage Capacity: 80/50 gallons  |
| <ul> <li>Electric water heater: <u>240208 V 6175</u> kilowatts (kW)</li> </ul> |
| Gas water heater: BTU's  |
| Water heater recovery rate: GPH  |
| If tankless AA GPM : Number of heaters:  |

#### Person in Charge (PIC) and Employee Health

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3.

| accredited by an approved ANSI program?  |
|--|
| Eligible Person In Charge: RAIPh BABB  |
| Program <u>SAFE Serve</u> Cert. # <u>/8357892</u> Exp. Date <u>9-17-24</u>             |
| For multiple shifts and/or occasions of absences, list all eligible Persons in Charge: |
| Eligible Person In Charge: Kabert Stapleton  |
| Program <u>S442 Serve</u> Cert. # <u>18357801</u> Exp. Date <u>9-17-24</u>             |
| 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   |
| Sysco Foods 2403   |
|  |
|  |

| Time/Temperature Control for Food Safety  |
|---|
| Foods that will be held hot before serving: Chill: and Songs  |
|   |
| Foods that will be held <b>cold</b> before serving: Ments   Ponthy   Fish   |
| Will <b>time</b> be used as a method to control for food safety? <u>Yes</u> Will a buffet be provided? <u>No</u> 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:  |
| Describe utensils and methods used to cool foods: Walk in Coolers   |
| Dry Storage   |
| Frequency of deliveries per week: Number of dry storage shelves: 6 to '   |
| Square feet shelf space: 40 ft <sup>2</sup>   |
| Is a separate room designated for dry storage?  |
| Food Preparation Facilities   |
| Number of food prep sinks: $3$ Are separate sinks provided for vegetables and meats? $yes$ Size of sink drain boards (inches): $16\chi19$                                 |
| How will sinks be sanitized after use or between meat species? Cheaned with Sanitizer   |
|   |

# **Dishwashing Facilities** Manual Dishwashing Number of sink compartments: 3Size of sink compartments (inches): Length 23 Width 21/Depth 1/ Length of drain boards (inches): Right 22 Left 22 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) \_\_\_\_ Mechanical Dishwashing 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? Wash Cleaned and Sanific in 3 Compartment Sink. How many air drying shelves will you have? $ft^2$ Calculate the square feet of total air drying space: \_\_\_ Hand washing Employee Area Indicate location for storing employees' personal items: Office Space

Finish Schedule \*Floor, wall and ceiling finishes (vinyl tile, acoustic tile, vinyl baseboards, FRP, etc.) **FLOOR WALLS** CEILING BASE **AREA** Kitchen Bar Food Storage Dry Storage 11 **Toilet Rooms** Garbage & Can 11 Wash Areas Other 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? Are hot and cold water provided as well as a threaded nozzle? Do you have a contract with the dumpster provider for cleaning? How will used grease be handled? Is there a contract for grease trap cleaning? American

Are doors self-closing? Fly fans provided?

Where will chemicals be stored? Map Sink

#### 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                | Ments tresh   |
|-----------------------------|---|
| Stored<br>Will be<br>Dx For | in Cooler<br>prepion in Med Sink<br>ds will be parelle as needed/Proffe |
|                             |   |
| FOOD PRODUCT  Store Will    | Chieken Fresh  d in Cooler  be propped in Chicken Sink                  |
| Foods                       | will be handle as reided fropped  |
|                             |   |

| FOOD PRODUCT  | Fish Frozen                                 |
|---|---|
|   | Stored in Freezer                           |
|   | Will be taken from freezer transfered in to |
|   | Cooker to thraw in Seperate Continuer.      |
|   | Will be handhe as needed                    |
|   |   |
|   |   |
|   |   |
|   |   |
| FOOD PRODUCT  | Vegetubles tresh                            |
| 54  | loped in Confer                             |
|   | ill be cleaned cut and frepped in Veg Sing  |
| <i>N</i>  | If he handred as helded                     |
|   |   |
| WALL A CONTROL OF THE PARTY OF |   |
|   |   |
|   |   |
| FOOD PRODUCT  | Royd Foel                                   |
|   | and i George                                |
| 570.  | red in Freezer<br>be handle as reeded.      |
|   | be hange as relaca.                         |
|   |   |
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|   |   |

\*\*\*ADDITIONAL SHEETS ARE AVAILABLE

| Stored in Cooler            |
|-----------------------------|
| Stored in Cooler            |
|                             |
|                             |
|                             |
|                             |
|                             |
|                             |
|                             |
| FOOD PRODUCT Chilli 4 Soups |
|                             |
| Stored in Cooler            |
| Prepped Morning to temp and |
| Haved in Holf Box.          |
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|                             |
|                             |
|                             |
| FOOD PRODUCT                |
|                             |
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\*\*\*ADDITIONAL SHEETS ARE AVAILABLE