

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 <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 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 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
- \$200 Plan Review Fee

05/21
gv

Food Service Plan Review Application

Type of plan: New Remodel

Name of Establishment: The Butchers Table

Physical Address: 108 N. Wilson Ave

City: Dunn State: NC Zip: 28334

Phone (if available): 910 891 9488 Fax: N/A

Email: tonyadkins0703@gmail.com

Applicant(s): Tony Atkins

Address: 193 Old US 421 Hwy S

City: Dunn State: NC Zip: 28334

Phone: 910 891 9488 Fax: _____

Email: tonyadkins0703@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: Tony Atkins Date: 5/17/22
(Applicant or Responsible Representative)

Hours of Operation:

Mon ___ - ___ Tues ___ - ___ Wed ___ - ___ Thurs ___ - ___ Fri ^{4:30 9:30} ___ - ___ Sat ^{4:30 5:30} ___ - ___ Sun ___ - ___

Number of Seats: 80

Facility total square feet: 2200

Projected start date: 6/30/22

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): 1

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.)

N/A

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

N/A

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: Nguyen NPE 2015

Storage Capacity: _____ gallons

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

Water heater recovery rate: 265 GPH

If tankless, 4.6 GPM ; Number of heaters: 1

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: Dorothy Adkins
Program Serv Safe Cert. # 21160443 Exp. Date 10/19/26

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>Friday</u>
2. _____	_____
3. _____	_____
4. _____	_____

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: baked potatoes

Foods that will be held **cold** before serving: Salad items - lettuce, tomatoe
cucumber

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: N/A

Describe utensils and methods used to cool foods: refrigeration

Dry Storage

Frequency of deliveries per week: 1 Number of dry storage shelves: 10

Square feet shelf space: 80 ft²

Is a separate room designated for dry storage? yes

Food Preparation Facilities

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

Size of sink drain boards (inches): _____

How will sinks be sanitized after use or between meat species? N/A pre-cut

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

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

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

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 Ac

Hot water sanitizing? _____ or chemical sanitizing? x

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? U/A

How many air drying shelves will you have? 4

Calculate the square feet of total air drying space: 50 ft²

Hand washing

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

(1) Cook room, (1) cleaning room, (1) bar room

Employee Area

Indicate location for storing employees' personal items: office

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	epoxy	vinyl	FRP	vinyl coated
Bar	VCT		plaster	drop
Food Storage	concrete		block	drop
Dry Storage	concrete		block	drop
Toilet Rooms	epoxy		sheet rock	drop
Garbage & Can Wash Areas	concrete		FRP	
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: 3 x 6 by rear entry

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? _____

Is there a contract for grease trap cleaning? NO

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

Where will chemicals be stored? mop room

Where will clean linen be stored? storage room

Where will dirty linen be stored? provider supplied container

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 Steak

Pre cut @ The Organic Butcher Shop by covered tray
on site refrigeration

FOOD PRODUCT Potatoes

cooked on site - held in warmer

FOOD PRODUCT Salad items

Purchased prewashed bags - held in make line

FOOD PRODUCT Bread

Purchased serve ready - held in warmer to serve

FOOD PRODUCT _____

***ADDITIONAL SHEETS ARE AVAILABLE