

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: _____

Physical Address: 205 E JACKSON BLVD

City: ERWIN State: NC Zip: 28339

Phone (if available): (919) 702-9759 Fax: _____

Email: labonitanc@yahoo.com

Applicant(s): Maren Urioste

Address: 1368 W Blackman RD

City: Dunn State: 28334 Zip: NC

Phone: (919) 702-9759 Fax: _____

Email: labonitanc@yahoo.com

Owner (if different from Applicant): Delilah A Hedgpeth

Address: 1368 W Blackman RD

City: Dunn State: NC Zip: 28334

Phone: (919) 705-6734 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:  Date: _____
(Applicant or Responsible Representative)

**HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER
FOOD SERVICE ESTABLISHMENTS
CHANGE OF OWNERSHIP**

Potential owners are required to complete this application so we may collect the necessary information for the purpose of issuing a permit for an establishment that may have or has changed ownership. All questions must be completed so that we can determine if any operational changes may occur or if the type of food preparation will be modified. A proposed menu must be submitted with this application

This application will be 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. This application must be submitted to the local health department for approval **prior to** the change of ownership.

Submit completed application to: Central Permitting, 420 McKinney Pkwy., Lillington, NC 27546

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 proposed menu
- _____ A completed Food Service Plan Review Application/Change of Ownership
- _____ A site plan drawn to scale showing the placement of each piece of food service equipment, storage areas, trash can wash facilities, etc.

05/21
gv

Hours of Operation:

Mon 6-7 Tues 6-7 Wed 6-7 Thurs 6-7 Fri 6-7 Sat 6-3 Sun -

Number of Seats: _____

Facility total square feet: _____

Projected start date: _____

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): NONE

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: A O Smith E6-40H45DV 110

Storage Capacity: 40 gallons

- Electric water heater: 4500 kilowatts (kW)
- Gas water heater: _____ BTU's

Water heater recovery rate: 90 GPH

If tankless, _____ GPM ; Number of heaters: _____

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 1

Size of sink compartments (inches): Length 90 Width 23 Depth 36

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 _____ Hot water (171°F) _____ 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? PREP TABLE, REMOVE ALL FOOD DEBRIS

FROM THE SURFACE, WASH THE SURFACE WITH DISHWASHING LIQUID,
RINSE THE SURFACE, SANITIZE THE SURFACE WITH
SANITIZING SOLUTION ALLOW THE SURFACE TO THOROUGHLY
AIR DRY

How many air drying shelves will you have? 2

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

Hand washing

Indicate number and locations of hand sinks in the establishment: 1

Employee Area

Indicate location for storing employees' personal items: THEY BE LEFT

INSIDE CARS

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: _____

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? YES

How will used grease be handled? GREASE TRAP

Is there a contract for grease trap cleaning? YES

Are doors self-closing? N/A Fly fans provided? N/A

Where will chemicals be stored? UNDER SHELVING

Where will clean linen be stored? UNDER SHELVING

Where will dirty linen be stored? UNDER SHELVING

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 tacos

arrive - Fresh

Stored - Refrigerator

will not be thawed we will purchase fresh
cut the meat in prep tables

• mornings food will be handle

• will not use left overs

FOOD PRODUCT chicken tacos

Chicken - Fresh

Stored - Refrigerator

Meat will be cut on prep tables

All food will be handle mornings to be prepared
left overs will not be reuse

FOOD PRODUCT burritos

steak, chorizo, eggs, chicken
beans

Made fresh meats
Prep table

FOOD PRODUCT fortas - sandwiches

steak chicken chorizo
made daily
fresh meats

- beans will be from can
- Flour tortilla will be store bought
- Refrigerator w/

FOOD PRODUCT _____

***ADDITIONAL SHEETS ARE AVAILABLE