

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 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
- _____ \$200 Plan Review Fee

08/22
gv

Food Service Plan Review Application

Type of plan: New _____ Remodel _____ **X change of ownership**

Name of Establishment: **Tortilleria & Rosticeria Don Chon**

Physical Address: **2116 W Cumberland St**

City: **Dunn** State: **NC** Zip: **28334**

Phone (if available): **(919) 264-4233** Fax: _____

Email: **elopez@gerenciavirtual.net**

Applicant(s): **Antonia Avalos Lopez**

Address: **2506 Shepherd Valley St**

City: **Raleigh** State: **NC** Zip: **27610**

Phone: **(919) 264-4233** Fax: _____

Email: **tortilleria.rosticeria.donchon@gmail.com**

Owner (if different from Applicant): **Tortilleria & Rosticeria Don Chon, LLC**

Address: **2116 W Cumberland St**

City: **Dunn** State: **NC** Zip: **28334**

Phone: **(919) 264-4233** Fax: **(703) 579-6887**

Email: **tortilleria.rosticeria.donchon@gmail.com**

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)

Hours of Operation:

Mon 9-8 Tues 9-8 Wed 9-8 Thurs 9-8 Fri 9-8 Sat 9-8 Sun 9-8

Number of Seats: 0

Facility total square feet: _____

Projected start date: 09/30/2022

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): rotisserie chicken to go

Utensils:

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

Food delivery schedule (per week): 0

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 Corporation // Model E9-50R55DV 110

Storage Capacity: 50 gallons

- Electric water heater: 4131 kilowatts (kW)
- Gas water heater: _____ BTU's

Water heater recovery rate: _____ GPH

If tankless, _____ 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? 1

Eligible Person In Charge: Antonia Avalos Lopez
Program Food Handler Cert. # 775865 Exp. Date 09/14/2025

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? yes

Food Sources

	Names of food distributors:	Deliveries/wk
1.	<u>Dias Foods</u>	<u>1</u>
2.	<u>US Foods</u>	<u>2</u>
3.	_____	_____
4.	_____	_____

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: Roasted Chicken, Pork Carnitas (pork meat),
Tortillas, beans, rice, beef meat

Foods that will be held **cold** before serving: _____
Nopales, Guacamole, Pico de Gallo

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: _____

Describe utensils and methods used to cool foods: _____

Sandwich Cooler

Dry Storage

Frequency of deliveries per week: 1/week Number of dry storage shelves: 6

Square feet shelf space: 4 ft²

Is a separate room designated for dry storage? 19 x 13 square feet

Food Preparation Facilities

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

Size of sink drain boards (inches): 2 feet

How will sinks be sanitized after use or between meat species? _____

Will buy sanitizers from CINTAS

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 8 feet Width 2 feet Depth 2 feet

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 X Quaternary _____ Hot water (171°F) X Other (specify) Soap

Mechanical Dishwashing

Will a dishmachine be used? Yes _____ No X

Dishmachine manufacturer and model: None

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? _____

Will buy sanitizers from CINTAS and sanitize surface after each use.

How many air drying shelves will you have? None

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

Hand washing

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

2 hand sinks in the cooking area / 2 handsinks in the bathroom

Employee Area

Indicate location for storing employees' personal items: _____

in the storage

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Concrete		Stainless steel	armstrong ceiling tiles
Bar	None	None	None	None
Food Storage	Concrete	None	Shirock	armstrong ceiling tiles
Dry Storage	Concrete	None	Shirock	armstrong ceiling tiles
Toilet Rooms	Concrete	None	Shirock	armstrong ceiling tiles
Garbage & Can Wash Areas	Concrete	None	Concrete	Outside
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? _____

Location and size of can wash facility: Outside near the backdoor

Are hot and cold water provided as well as a threaded nozzle? yes

Will a dumpster be provided? 1

Do you have a contract with the dumpster provider for cleaning? none yet / i n process

How will used grease be handled? Container will be picked up by company

Is there a contract for grease trap cleaning? not yet / in process

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

Where will chemicals be stored? in the storage

Where will clean linen be stored? In the storage

Where will dirty linen be stored? in the storage

