

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

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gv

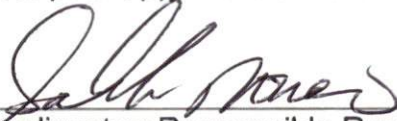
Food Service Plan Review Application

Type of plan: New _____ Remodel _____
Name of Establishment: Dabbing Chicken
Physical Address: 65 N Raleigh St
City: Angier State: Nc Zip: 27501
Phone (if available): 919 2280747 Fax: _____
Email: Soniemallc@gmail.com

Applicant(s): Salah Nouram
Address: 11380 US 401 N.
City: Fuquay Varina State: Nc Zip: 2752
Phone: 919 2280747 Fax: _____
Email: Soniemallc@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:  Date: 2/1/2023
(Applicant or Responsible Representative)

Hours of Operation:

Mon ^{6 am} 6-11 ^{pm} Tues ^{6 am} 6-11 ^{pm} Wed ^{6 am} 6-11 ^{pm} Thurs ^{6 am} 6-11 ^{pm} Fri ^{6 am} 6-11 ^{pm} Sat ^{10 am} - ^{am} Sun ^{11 am} - ^{11 pm}

Number of Seats: _____

Facility total square feet: 250,60"

Projected start date: 3/1/2023

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): Kitchen IN A Gas station

Utensils:

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

Food delivery schedule (per week): N/A

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 Corp

Storage Capacity: 40 gallons

- Electric water heater: 3380 kilowatts (kW)
- Gas water heater: _____ BTU's

Water heater recovery rate: _____ GPH

If tankless, _____ GPM ; Number of heaters: _____

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? No can schedule classes

Eligible Person In Charge: _____

Program _____ Cert. # _____ Exp. Date _____

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

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: wing fried chicken
sandwiches, soups

Foods that will be held **cold** before serving: _____
None

Will **time** be used as a method to control for food safety? _____
Will a buffet be provided? _____ 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: _____
None

Describe utensils and methods used to cool foods: _____

Dry Storage

Frequency of deliveries per week: 1 Every 2 weeks Number of dry storage shelves: 2
Square feet shelf space: 19.74 ft²
Is a separate room designated for dry storage? of same

Food Preparation Facilities

Number of food prep sinks: 0 Are separate sinks provided for vegetables and raw meats? 1
Size of sink drain boards (inches): 6.5
How will sinks be sanitized after use or between meat species? _____
Bleache

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 2

Size of sink compartments (inches): Length 38' Width 24" Depth 14"

Length of drain boards (inches): Right 1.5 Left 1.5

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? _____

How many air drying shelves will you have? 2

Calculate the square feet of total air drying space: 8 ft²

Hand washing

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

Employee Area

Indicate location for storing employees' personal items: _____

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Vinyl Tile	Vinyl Bas	FRP w/ spider	Acoustic
Bar	~	~	Stainless	~
Food Storage	~	~	FRP	~
Dry Storage	~	~	FRP	~
Toilet Rooms	~	~	FRP	~
Garbage & Can Wash Areas	~		.	~
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: _____

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? Recycled

Is there a contract for grease trap cleaning? No

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

Where will chemicals be stored? under the sink

Where will clean linen be stored? Dry Room

Where will dirty linen be stored? taking Every Day Note to wash

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 Frozen & Fresh

Chicken wings and chicken. Packaged spread

Stored in freezer before use

The food will be thawed in a container in the fridge over night

Prep table & sink prep

Handle food ~~every~~ all day

FOOD PRODUCT

No left over food will be reused

