

## 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 <https://ehs.dph.ncdhhs.gov/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](http://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
- \_\_\_\_\_ \$250 Plan Review Fee

07/23  
gv

**Food Service Plan Review Application**

Type of plan: New X Remodel \_\_\_\_\_  
Name of Establishment: Short Stop # 8  
Physical Address: 30 Anderson Pond Dr.  
City: Spring Lake State: NC Zip: 29390  
Phone (if available): 910-497-3914 Fax: \_\_\_\_\_  
Email: tricia.hook@pmgcarolinas.com

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Applicant(s): A Tricia Caldwell  
Address: 1709 Clinton Rd.  
City: Fayetteville State: NC Zip: 28312  
Phone: 910-470-4102 Fax: \_\_\_\_\_  
Email: tricia.hook@pmgcarolinas.com

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Owner (if different from Applicant): Adnan Tarig  
Address: 111 Shipyard Blvd.  
City: Wilmington State: NC Zip: 28412  
Phone: 703-677-5012 Fax: \_\_\_\_\_  
Email: adnan.Tarig@PmgCarolinas.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: Tricia Caldwell Date: 4/15/24  
(Applicant or Responsible Representative)

**Hours of Operation:**

Mon 5<sup>A</sup>-9<sup>P</sup> Tues 5<sup>A</sup>-9<sup>P</sup> Wed 5<sup>A</sup>-9<sup>P</sup> Thurs 5<sup>A</sup>-9<sup>P</sup> Fri 5<sup>A</sup>-9<sup>P</sup> Sat 8<sup>A</sup>-9<sup>P</sup> Sun 8<sup>A</sup>-9<sup>P</sup>

**Number of Seats:** 0

**Facility total square feet:** \_\_\_\_\_

**Projected start date:** upon approval from county

**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): grab & go

**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.)

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: Rheem ELD 52-B

Storage Capacity: 50 gallons

- Electric water heater: 4.6 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? \_\_\_\_\_

Eligible Person In Charge: Tricia Hook

Program \_\_\_\_\_ Cert. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

For multiple shifts and/or occasions of absences, list all eligible Persons in Charge:

Eligible Person In Charge: Ashley James

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>Mr Williams</u>	<u>2</u>
2.	_____	_____
3.	_____	_____
4.	_____	_____

**Time/Temperature Control for Food Safety**

Foods that will be held **hot** before serving: Hot dogs, Sausage dogs

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Foods that will be held **cold** before serving: pizzas

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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: N/A

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Describe utensils and methods used to cool foods: N/A

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**Dry Storage**

Frequency of deliveries per week: 2 Number of dry storage shelves: 86

Square feet shelf space: 140 ft<sup>2</sup>

Is a separate room designated for dry storage? yes

**Food Preparation Facilities**

Number of food prep sinks: 0 Are separate sinks provided for vegetables and raw meats? no

Size of sink drain boards (inches): ~~36~~

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

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**Dishwashing Facilities**

**Manual Dishwashing**

Number of sink compartments: 3  
Size of sink compartments (inches): Length 18 Width 18 Depth 10  
Length of drain boards (inches): Right 24 Left 24  
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? \_\_\_\_\_  
Calculate the square feet of total air drying space: \_\_\_\_\_ ft<sup>2</sup>

**Hand washing**

Indicate number and locations of hand sinks in the establishment: 2  
1 By freezer and 1 By warmers

**Employee Area**

Indicate location for storing employees' personal items: office area  
\_\_\_\_\_  
\_\_\_\_\_

**Finish Schedule**

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	concrete		Drywall	Drywall
Bar	tile	granite	tile	Drywall
Food Storage	concrete		Drywall	Drywall
Dry Storage				
Toilet Rooms	tile		tile + Drywall	Drywall
Garbage & Can Wash Areas	concrete		Dry Wall	Drywall
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: Back room 26" x 26"

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? N/A

Is there a contract for grease trap cleaning? \_\_\_\_\_

Are doors self-closing? \_\_\_\_\_ Fly fans provided? \_\_\_\_\_

Where will chemicals be stored? Back room under sink area

Where will clean linen be stored? \_\_\_\_\_

Where will dirty linen be stored? \_\_\_\_\_

## 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** All food will arrive frozen

We will cook pizza from a frozen stack and hotdogs  
will be thawed out in the refrigerator and have a poll thaw  
stacks on them for 7 days

**FOOD PRODUCT** \_\_\_\_\_