

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 Place, Lillington, NC 27546 or by mail to PO Box 85, Lillington, NC 27546. You may contact the Central Permitting Office at 910-883-7525, 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.doh.ncdhs.gov/rules.htm>. Plans must be submitted 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 Sh. Forks Rd., Raleigh, NC 27628.

If you have questions, contact a Registered Environmental Health Specialist at 910-883-7547.

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.

Food Service Plan Review Application

Type of plan: New ☒ Remodel ☒

Name of Establishment: Nil's Mediterranean Cuisine

Physical Address: 16 N. Broad St

City: Angier State: NC Zip: 27501

Phone (if available): _____ Fax: _____

Email: Guurkaullc@gmail.com

Applicant(s): Tan Uckan

Address: 1173 Hodgson LN

City: Fuquay Varina State: NC Zip: 27526

Phone: 504 453 9818 Fax: _____

Email: Tan Uckan@medibikes.net

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: 
(Applicant or Responsible Representative)

Date: 5/2/25

Hours of Operation:

Mon ~~X-X~~ Tues 11-8 Wed 11-8 Thurs 11-8 Fri 11-8 Sat 11-8 Sun 10-3

Number of Seats: 46

Facility total square feet: 1860

Projected start date: ASAP

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): —

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: Reliance 6-40-EORS 110

Storage Capacity: 40 gallons

- Electric water heater: 4500 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? yes

Eligible Person In Charge: Tan Uckan

Program Serv Safe Cert. # 16821498 Exp. Date 09/13/28

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>Restaurant Depot</u> | <u>Pickup</u> |
| 2. | <u></u> | <u></u> |
| 3. | <u>US Food</u> | <u>2</u> |
| 4. | <u></u> | <u></u> |

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: 145-160 F

Chicken, Gyro, Beef

Foods that will be held **cold** before serving: 40 F

Yogurt, Lettuce, Onions, Cucumbers, Tomatoes, Vegetables
Dressings,

Will **time** be used as a method to control for food safety? Yes

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:

None

Describe utensils and methods used to cool foods:

Fridge, Sandwich prep table
Commercial cooling

Dry Storage

Frequency of deliveries per week: 2 Number of dry storage shelves: 6+

Square feet shelf space: 112 ft²

Is a separate room designated for dry storage? yes

Food Preparation Facilities

Number of food prep sinks: 2 Are separate sinks provided for vegetables and raw meats? yes

Size of sink drain boards (inches): 24 inch

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

Approved Sanitizers + Cleaners
Water, Paper Towels

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 18 Width 18 Depth 24

Length of drain boards (inches): Right 18 Left 18

Are the basins large enough to immerse your largest utensil? ~~Yes~~ No

What type of sanitizer will be used?

Chlorine _____ Quaternary ✓ Hot water (171°F) ✓ Other (specify) Ecolab

Mechanical Dishwashing

Will a dishmachine be used? Yes _____ No ✓

Dishmachine manufacturer and model: Ecolab ELT Dish machine

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? Approved Cleaner

Disinfected clean cloths paper towels

How many air drying shelves will you have? 6

Calculate the square feet of total air drying space: 10 ft²

Hand washing

Indicate number and locations of hand sinks in the establishment: min 2

Employee Area

Indicate location for storing employees' personal items: Small storage cabinet in separate room (Storage closet end of the building)

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Tile	Tile	FRP	Drop Ceiling
Bar	/	/	/	/
Food Storage	Tile	Tile	FRP	Drop Ceiling
Dry Storage	"	"	"	"
Toilet Rooms	"	"	Dry Wall	Dry Wall
Garbage & Can Wash Areas	Outside			
Other	/			
Other	/			

Tile
all New
Drop Ceiling
all New

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: Back outside

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? Forever Clean

How will used grease be handled? Bg Dipper Pickup

Is there a contract for grease trap cleaning? yes yes

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

Where will chemicals be stored? Upstairs

Where will clean linen be stored? N/A Storage Area (Towels, Rags only)

Where will dirty linen be stored? outside

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

Food Arrives early in the AM storage At the Fridge
prep starts early AM, we don't use frozen food except
the dough.
We have on prep kitchen we are going to prep our food
there also we are prepping our marinade as well!
We are serving lunch and dinner Between 11 AM - 8 PM
we cook per order So usually we don't have left over.
Food needs to cool out if we need it to we cool out, bring
room temp. then storage at our fridge

FOOD PRODUCT Proteins arrive fresh, cut, marinated
that is stored in commercial fridge or prep cooling table

All proteins, vegetables arrive fresh, washed in prep sink
cut and then stored in Fridge or cooling prep table

All food will be prep daily and only stored
in commercial grade cooling fridge or prep table

We do not use leftovers in any future dishes

Breads + Condiments are also stored in commercial
fridge or prep table

FOOD PRODUCT _____

FOOD PRODUCT _____

Please
see attached
Word
document

FOOD PRODUCT _____

***ADDITIONAL SHEETS ARE AVAILABLE