

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>. 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 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

2024

Food Service Plan Review Application

Type of plan: New _____ Remodel X_____

Name of Establishment: _____ Carlie C's IGA of Erwin _____

Physical Address: 801 South 13th Street _____

City: _____ Erwin _____ State: NC Zip: 28339 _____

Phone (if available): (910) 897-4141 Fax: 910-897-2240 _____

Email: 885@carliecs.com _____

Applicant(s): _____ Carlie C's Service Center _____

Address: _____ 10 Carlie C's Drive _____

City: _____ Dunn _____ State: NC Zip: 28334 _____

Phone: _____ 910-892-4124 _____ Fax: _____

Email: lwilson@carliecs.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: 6/17/2025 _____
(Applicant or Responsible Representative)

Hours of Operation:

Mon 7am-10pm Tues 7am-10pm Wed 7am-10pm Thurs 7am-10pm Fri 7am-10pm
Sat 7am-10pm Sun 7am-10pm

Number of Seats: ____0____

Facility total square feet: ____29,000____

Projected start date: ____7/1/2025____

Type of Food Service:**Check all that apply**

____ Restaurant

____ Sit down meals

____ Food Stand

____ Take-out meals

____ Drink Stand

____ Catering

____ Commissary

____ Meat Market

__X__ Other (explain): Produce (cut fruits and cut vegetables)

Utensils:

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

Food delivery schedule (per week): ____3 deliveries____

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: ____AO Smith BTH-120 200 ____

Mueller Fre-Heater CHSE-120B6_____

Storage Capacity: _60,_119,_____ gallons

- Electric water heater: _____60_____ kilowatts (kW)
- Gas water heater: _____120,000_____ BTU's

Water heater recovery rate: _154,_119____ 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: Lynn Mance

Program ServSafe Cert. # 23760702 Exp. Date 3/29/28

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

Eligible Person In Charge: Emily Raynor

Program ServSafe Cert. # 22137107 Exp. Date 5/10/27

Eligible Person In Charge: Anthony Aobill

Program ServSafe Cert. # 25080338 Exp. Date 1/16/29

*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>MDI</u> | <u>3</u> |
| 2. <u>Combs Produce</u> | <u>2</u> |
| 3. _____ | _____ |
| 4. _____ | _____ |

Elinea Kalnaja is Produce Manager
She is in process of taking ServSafe course
and exam. September 12

ServSafe® CERTIFICATION

LYNN NANCE

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

23760702

CERTIFICATE NUMBER

5595

EXAM FORM NUMBER

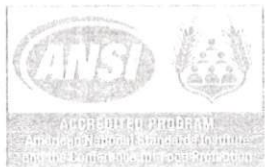
3/23/2023

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

3/23/2028

DATE OF EXPIRATION



#0686

A handwritten signature in black ink that reads "Sherman L. Brown".

Sherman Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with Maritime Labour Convention 2006, Resolution ADM N 068-2013 (Regulation 3.2, Standard A3.2).

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Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org

ServSafe

ServSafe[®] CERTIFICATION

EMILY RAYNOR

for successfully completing the standards set forth for the ServSafe[®] Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI) - Conference for Food Protection (CFP).

5/10/2022
CERTIFICATION NUMBER

5567
EXAM FORM NUMBER

5/10/2022
DATE OF EXAMINATION
Local laws apply. Check with your local health agency for recertification requirements.

5/10/2027
DATE OF EXPIRATION



#0665

Emily Raynor
Sherman County Health Department
Food Protection Solutions



Recertification with ServSafe[®] Food Protection Manager Certification Examination is required every five years. ServSafe[®] Food Protection Manager Certification Examination is accredited by the American National Standards Institute (ANSI) - Conference for Food Protection (CFP). The ServSafe logo are trademarks of the NREAF National Restaurant Association® and the logo design.

Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6782 or ServSafe@restaurant.org

ServSafe® CERTIFICATION

ANTHONY ASBILL

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the ANSI (American National Standards Institute) National Accreditation Board (ANAB)-Conference for Food Protection (CFP).

25080338

CERTIFICATE NUMBER

5651

EXAM FORM NUMBER

1/18/2024

DATE OF EXAMINATION

1/18/2029

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

A handwritten signature in black ink, reading "Sherman L. Brown".

Sherman Brown
Executive Vice President, Business Services



Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving:

____ N/A _____

Foods that will be held **cold** before serving: _____ See Attachment _____

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: _____

Describe utensils and methods used to cool foods: _____

Dry Storage

Frequency of deliveries per week: __3__ Number of dry storage shelves: __2__

Square feet shelf space: __64__ ft²

Is a separate room designated for dry storage? __No__

Food Preparation Facilities

Number of food prep sinks: __1__ Are separate sinks provided for vegetables and raw meats? __Yes__ *NA*

N/A

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 32" Width 19" Depth 14"

Length of drain boards (inches): Right 20" Left 20"

Are the basins large enough to immerse your largest utensil? Yes

What type of sanitizer will be used?

Chlorine _____ Quaternary X 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? 4

Calculate the square feet of total air drying space: 24 ft²

Hand washing

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

Employee Area

Indicate location for storing employees' personal items:

Office desk across room from prep area

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Food Storage	Sealed Concrete	Foamed Cooler Walls	Foamed Cooler Walls	Foamed Cooler Ceiling
Dry Storage	Sealed Concrete	Vinyl Base	FRP	Acoustical
Toilet Rooms	Quarry Tile	Ceramic Tile	Ceramic Tile	Acoustical
Garbage & Can Wash Areas	Quarry Tile	Quarry Tile	Quarry Tile	Open ceiling
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?

_____ N/A _____

Is there a contract for grease trap cleaning?

_____ N/A _____

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

Where will chemicals be stored? _____ Dry Storage area by can
wash _____

Where will clean linen be stored? _____ Linen
closet _____

Where will dirty linen be stored? _____ Soiled linen bag provided by
vendor _____

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 _____ See

Attachment _____

FOOD PRODUCT _____

***ADDITIONAL SHEETS ARE AVAILABLE