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 X Remodel _____

Name of Establishment: **Rumble Pizza**

Physical Address: **215 E. Broad St.**

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

Phone (if available): **910-984-7533** Fax: _____

Email: **jacobg@godwincreativegroup.com**

Applicant(s): **Jacob Allen Godwin**

Address: **1003 N. General Lee Ave.**

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

Phone: **910-984-7533** Fax: _____

Email: **jacobg@godwincreativegroup.com**

Owner (if different from Applicant): **N/A**

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**: _____
(Applicant or Responsible Representative)

Hours of Operation:

Mon 11 - 8 Tues 11 - 8 Wed 11 - 8 Thurs 11 - 8 Fri 11 - 9 Sat 11 - 9 Sun **closed**

Number of Seats: 27

Facility total square feet: 1550

Projected start date: 12-1-25

Type of Food Service:

- X Restaurant
- _____ Food Stand
- _____ Drink Stand
- _____ Commissary
- _____ Meat Market
- _____ Other (explain): _____

Check all that apply

- X Sit down meals
- X Take-out meals
- _____ Catering

Utensils:

Multi-use (reusable): **dine-in** Single-use (disposable): **take out**

Food delivery schedule (per week): 1

Indicate any **specialized process** that will take place: **N/A**

_____ 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: **N/A**

_____ 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)
- **X** Community/Municipal

Is an annual water sample required of your establishment? (check one)

- ☐ Yes
- **X** No

Wastewater System:

Type of wastewater system: (check one)

- **X** Public sewer
- ☐ On-site septic system

Water Heater:

Manufacturer and Model: **Rinnai High-Efficiency Non-Condensing Exterior Propane Gas Tankless Water Heater Model #RE199EP**

Storage Capacity: **N/A** gallons

- Electric water heater: **N/A** kilowatts (kW)
- Gas water heater: **199,000** BTU's

Water heater recovery rate: N/A GPH

If tankless, **9.8** GPM ; Number of heaters: **2**

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? **in progress**

Eligible Person In Charge: **Daniel Denning**

Program **ServSafe** Cert. # _____ Exp. Date _____

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

Eligible Person In Charge: **Janet Doffermyre**

Program **ServSafe** Cert. # **27787433** Exp. Date **8-9-2030**

Eligible Person In Charge: **Jacob Godwin**

Program **ServSafe** Cert. # _____ Exp. Date _____

*Attach a copy of your establishment's Employee Health Policy

Are copies of signed Employee Health Policies on file? **in progress**

Food Sources

	Names of food distributors:	Deliveries/wk
1.	**Sysco**	**1**
2.	**Performance Food Service/Roma**	**1**
3.		
4.		

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: **N/A**

Foods that will be held **cold** before serving: **dough, pizza toppings, salad, salad toppings**

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:

N/A

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

Dry Storage

Frequency of deliveries per week: **1** Number of dry storage shelves: **8**

Square feet shelf space: **52** ft^2

Is a separate room designated for dry storage? **NO**

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): __24"x24"__

How will sinks be sanitized after use or between meat species?
Remove debris, scrub with hot soapy water, rinse with hot water, sanitize with hot water, air dry

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: __3__

Size of sink compartments (inches): Length __24"__ Width __18"__ Depth __14"__

Length of drain boards (inches): Right __24"__ Left _____

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

What type of sanitizer will be used?

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

Mechanical Dishwashing

Will a dishmachine be used? Yes __X__ No _____

Dishmachine manufacturer and model: **Noble Warewashing UH30-E**

Hot water sanitizing ? __X__ 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? **Remove debris, wash, sanitize, air dry**

How many air drying shelves will you have? __5__

Calculate the square feet of total air drying space: __40__ ft^2

Hand washing

Indicate number and locations of hand sinks in the establishment: **2 in food prep area and 2 in restrooms**

Employee Area
Indicate location for storing employees' personal items: **Office**

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Vinyl	Vinyl	Stainless steel/drywall	
Bar	N/A	N/A	N/A	
Food Storage	Vinyl	Vinyl	Stainless steel/drywall	
Dry Storage	Vinyl	Vinyl	Stainless steel/drywall	
Toilet Rooms	Vinyl	Vinyl	Drywall	
Garbage & Can Wash Areas	N/A	N/A	N/A	
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? **N/A**

Location and size of can wash facility: **Mop sink in rear of kitchen**

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? **NO**

How will used grease be handled? **Grease trap**

Is there a contract for grease trap cleaning? **YES**

Are doors self-closing? **YES** Fly fans provided? **NO**

Where will chemicals be stored? **mop sink room**

Where will clean linen be stored? **dry storage shelf**

Where will dirty linen be stored? **covered waste bin**

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 attached**

FOOD PRODUCT _____

FOOD PRODUCT _____

FOOD PRODUCT _____

FOOD PRODUCT _____

***ADDITIONAL SHEETS ARE AVAILABLE