

N.C. Department of Health & Human Services  
Division of Public Health / Environmental Health Section / Plan Review Unit

**Food Establishment Plan Review Application**

***This application must be completed in its entirety, or your review may be significantly delayed.***

To verify franchised or chain food establishment designation for the purpose of plan review as specified in Section 8-201.11 of the North Carolina Food Code please refer to Position Statement 'Franchised or Chain Food Establishment Designation for Plan Review' at <https://ehs.dph.ncdhhs.gov/faf/docs/foodprot/FranchisePlanReview.pdf>.

Type of Construction: NEW  REMODEL  CONVERSION  \*RTAP

\*Revisions to Approved Plans: Provide a list of all changes to the previously approved plans. Revise application as related

For REMODEL, specify the scope of work:

**Establishment Information**

Name of Establishment: Jersey Mike's Subs  
Address: NC Hwy 210  
City: Lillington Zip Code: 28546  
County: Harnett

**Owner Information**

Owner or Owner's Representative: Daniel Mustian  
Address: 9532 Hebron Commerce Drive  
City & State: Charlotte, NC Zip Code: 28273  
Telephone: 704 - 579 - 2849  
E-mail Address: dpmustian@gmail.com

**Submitter Information**

Submitter: Ana Gattorno  
Company: Tedrow Design Group, PC  
Contact Person: Ana Gattorno  
Address: 2866 Adams Brook Way  
City & State: Snellville, GA Zip Code: 30078  
Telephone: 770 - 329 - 3430 Email: algattorno1@gmail.com  
Title (owner, manager, architect, etc.): Permit Coordinator

**I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.**

Signature: Ana Gattorno  
(Owner or Responsible Representative)

**Daily Hours of Operation:**

Sun 10-9 Mon 10-9 Tue 10-9 Wed 10-9 Thu 10-9 Fri 10-9 Sat 10-9

**Projected number of meals served daily:**

Breakfast: \_\_\_\_\_ Lunch: 100 Dinner: 100

Number of food deliveries received per week: 1

Number of seats: 28 Facility total square feet: 1,591 SF

Projected start date of construction: 6/20/24 Projected completion date: TBD

**Type of food service: (Select all that apply)**

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): \_\_\_\_\_
- Sit-down meals
- Take-out meals
- Catering /  Delivery
- Custom Self-Service Area

**Type of utensils used:**

- Single-service (disposable):  Plates  Glassware  Silverware
- Multi-use (reusable):  Plates  Glassware  Silverware

Will **specialized processes** be used as specified in Section 3-502.11 of the North Carolina Food Code?

- Yes  No

If YES, indicate which processes will be used:

- Curing  Acidification (sushi, etc.)  Reduced Oxygen Packaging (eg: Vacuum)
- Smoking  Sprouting Beans  Other

Explain checked processes:

Indicate any of the following **highly susceptible populations** that will be catered to or served:

- Nursing Home  Child Care Center  Health Care Facility
- Assisted Living Center  School with pre-school aged children
- N/A

Will any **virtual brands** be provided?

- Yes  No

If YES, list brand names: UberEats, DoorDash, Grubhub

Menu to be served: Standard

Estimated number of meals per week: 1400

**Cold Storage:**

**How was the volume of cold storage indicated below determined to be adequate?**

Corporate operations determines this based on expected store volumes and deliveries

Reach-in cold storage (in cubic feet):

Walk-in cold storage (in cubic feet):

Reach-in refrigerator storage: 61.4 ft<sup>3</sup>

Walk-in refrigerator storage: 473.6 ft<sup>3</sup>

Reach-in freezer storage: 0 ft<sup>3</sup>

Walk-in freezer storage: 277.2 ft<sup>3</sup>

Number of reach-in refrigerators: 3

Number of reach-in freezers: 0

**Cold Holding:**

List foods that will be held **cold**: (include equipment used)

Vegetables, Tuna Salad, Deli Meat, Cheese, Mayo, Pepper Relish.  
 \*Steak and Chicken for Phillies but they are cooked before serving. -Refrigerator drawers, walk-in cooler and walk-in freezer, cold deli case, cold pans

**Hot Holding:**

List foods that will be held **hot**: (include equipment used)

Bacon- Bacon Warmer

**Cooling:**

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (7°C) within 6 hours.

If "Other" is checked indicate the type of food: \_\_\_\_\_

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(\*\*Check only if rapid chill equipment such as blast chillers are provided.)

**Thawing:**

Indicate by checking the appropriate boxes how food in each category will be thawed.

If "Other" is checked indicate type of food: \_\_\_\_\_

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Food Handling Procedures:** (Should be provided by owner/owner's representative)

**Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.**

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, hot held, etc.)
- When (time of day and frequency/day) food will be handled

**1. Ready to eat foods:** *Edible without additional preparation necessary. e.g., salads, cold sandwiches, raw molluscan shellfish*

All deli meats will be refrigerated and sliced daily.

**2. Produce; grains and pasta:** *e.g., beans, rice, macaroni*

All vegetables will arrive fresh weekly. Will be kept refrigerated. Vegetables will be washed in prep sink and prepped daily for sandwiches.

**3. Poultry:**

Thin chicken will arrive frozen and kept in freezer. To thaw, chicken will be kept refrigerated with

**4. Meat:**

All meat is precooked except for thin meat and chicken for Phillies. All precooked meat comes packaged and remains in fridge until prepared for use. Package removed, plastic wrapped and dated then moved to meat case for use as needed. Remains in cold hold until sliced to order.

**5. Seafood:**

N/A

**Dry Storage:**

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:  
 Weekly \_\_\_\_\_

Where will dry goods be stored? Designated shelf

Square feet of dry storage shelf space: 249.12 ft<sup>2</sup>

**Finish Schedule:**

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen	COMMERCIAL RUBBER FLOORI	W/RAPID WELD COVE BASE SYSTEM	FRP	2X4 acoustical vinyl faced tile
Bar				
Food Storage	COMMERCIAL RUBBER FLOORI	W/RAPID WELD COVE BASE SYSTEM	FRP	2X4 acoustical vinyl faced tile
Dry Storage	COMMERCIAL RUBBER FLOORI	W/RAPID WELD COVE BASE SYSTEM	FRP	2X4 acoustical vinyl faced tile
Toilet Rooms	Porcelain Tile	Porcelain wall tile w/ Schluter transition	Porcelain Tile to 5' and wall paint	2x2 acoustical tile
Dressing Rooms				
Garbage & Refuse Storage	COMMERCIAL RUBBER FLOORI	W/RAPID WELD COVE BASE SYSTEM	FRP	2X4 acoustical vinyl faced tile
Service Sink	COMMERCIAL RUBBER FLOORI	W/RAPID WELD COVE BASE SYSTEM	FRP	2X4 acoustical vinyl faced tile
Other: Warewashing	COMMERCIAL RUBBER FLOORI	W/RAPID WELD COVE BASE SYSTEM	FRP	2X4 acoustical vinyl faced tile
Other: Walk-in refrigerator	COMMERCIAL RUBBER FLOORI	W/RAPID WELD COVE BASE SYSTEM	MFG wall	MFG celing

**Water Supply and Sewage:**

Water supply:  Municipal  Well

Sewer:  Municipal  Septic

Will ice be:  Made on premises

Purchased

Water heater(s):

**Tank type:**

- a. Manufacturer and model: \_\_\_\_\_
- b. Storage capacity: \_\_\_\_\_ gallons  
 Electric water heater: \_\_\_\_\_ kilowatts (kW) Gas water heater: \_\_\_\_\_ BTU's
- c. Water heater recovery rate (gallons per hour at 80°F temperature rise): \_\_\_\_\_ GPH

**Tankless:**

- a. Manufacturer and model: RINNAI - CU199i \_\_\_\_\_
- b. Quantity of tankless water heaters: (2) total
- c. Water heater recovery rate (gallons per minute at 80°F temperature rise): 3.8 ea. GPM

**(See Water Heater Calculators on the Plan Review Unit website to calculate recovery rate needed)**

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Mop Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Warewashing Equipment:**

**Manual Warewashing:**

Size of each sink compartment (inches): Length: 16" Width: 20" Depth: 14"

What type of sanitizer will be used?

Chlorine     Iodine     Quaternary Ammonium     Hot Water     Other (specify)

**Mechanical Warewashing:**

Will a warewashing machine be used?     Yes     No

Warewashing machine manufacturer and model: \_\_\_\_\_

Type of sanitization:     Hot water (180°F)     Chemical

**General:**

Describe how cooking equipment, cutting boards, slicers, counter tops, other food contact surfaces and clean in place equipment that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

Chemical cleaning \_\_\_\_\_

Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space:

Above 3 COMP \_\_\_\_\_

Square feet of air drying space: 16.8 ft<sup>2</sup>

**Handwashing:**

Indicate number and location of handwashing sinks:

(1) at BOH (1) at food production

**Employee Accommodations:**

Indicate location for storing employees' personal items (ex. coats, purses, medication, etc.):

A shelf on a floor rack designated for employees belongings. RE: EQ1.0

**Refuse and Recyclables:**

Will refuse be stored inside?  Yes  No

If yes, where: Trashcans through-out restaurant, they are emptied into dumpsters several times daily.

Provision for refuse disposal:  Dumpster  Compactor

Will a contract for off-site cleaning of the dumpster/compactor be obtained?  Yes  No

If yes, indicate name of cleaning contractor: Responsibility of Landlord

Will the dumpster/compactor be cleaned at the establishment?  Yes  No

Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.):

N/A

**Service Sink:**

Location and size of service (mop) sink/can wash: 24" X 24" BOH

Describe location for storage of cleaning implements (e.g. mops, brooms, hoses, etc.):

Hook at mop sink

**Insect and Rodent Control:**

How is protection provided on all outside doors?

Self-closing door  Fly Fan  Screen Door

How is protection provided on windows (including drive-thru windows) or other openings to the outer air?

Self-closing  Fly Fan  Screening  N/A

**Linen:**

Indicate location of clean and dirty linen storage:  N/A (no linen storage on site)

Clean- on designated shelf. Dirty linen bin.

**Poisonous and Toxic Material:**

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:

In locked cabinet