



**ENVIRONMENTAL
SERVICES**

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Food Service Establishment Plan Review Application

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the facility.

This application may be copied for future use when submitting plans.

The North Carolina *Rules Governing the Sanitation of Food Service Establishments* (15A NCAC 18A .2600) require that plans be submitted for approval **prior to** construction / renovation / modification / change of ownership of such facilities by the local Health Department (Wake County Environmental Services).

Plans must be submitted with the necessary paperwork (see checklist below) to the local municipality of Wake County that will issue building permits for the project (Raleigh, Cary, Apex, Holly Springs, Fuquay-Varina, Morrisville, Garner, Wake Forest, Wendell, Knightdale, Rolesville, and Zebulon). Projects located in unincorporated areas of Wake County must be submitted to the Wake County Inspections/Plans/Permits Department.

Please be aware that plans for franchised, chain, and prototypical type facilities are also required to be submitted to the State of North Carolina Department of Environment and Natural Resources, Division of Environmental Health, Plan Review Unit (phone 919-733-2884, website www.deh.enr.state.nc.us/ehs/food/plan2.htm) for approval.

Submittal Checklist:

- _____ Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, and trash can wash facilities. Plans must also include general plumbing, electrical, mechanical and lighting drawings and room finish schedules.
- _____ A site plan locating exterior equipment, such as dumpsters and walk-ins
- _____ Manufacturer specification sheets for each piece of new equipment
- _____ Completed Food Service Plan Review Application
- _____ Proposed menu
- _____ \$200 Plan Review Fee

If you have questions, contact one of the following Plan Review staff listed below:

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The table below indicates, according to North Carolina Administrative Code, the requirements for plan review, operating permits, and inspections of facilities regulated by Wake County Environmental Services.

Type of Facility	Requires Plan Review	Requires Permit	Requires Inspection	Review Fee
Restaurant	X	X	X	\$200
Food Stand	X	X	X	\$200
Drink Stand	X	X	X	\$200
Temporary Food Stand		X		
“Limited Food Service”	X	X	X	\$200
Push Cart	X	X	X	
Mobile Food Unit	X	X	X	
Lodging (4 room or less)				
Lodging (more than 4 rooms)	X	X	X	
Institutions	X		X	
Residential Care Facility			X	
Bed & Breakfast Home		X	X	
Bed & Breakfast Inn		X	X	
Meat Market	X	X	X	\$200
Tattoo		X	X	
School Lunch Room	X	X	X	
School Building			X	
Childcare (5 children or less)				
Childcare (from 6 to 13 children)	X		X	
Childcare (more than 13 children)	X		X	
Summer Camp	X	X	X	
Public Swimming Pool	X (30 days)	X	X	\$250 per pool
Adult Day Services Facility	X (30 days)			
Mass Gathering	X	X		
Local Confinement	X		X	

Note:

Re-review fee is \$100.00.

Please indicate below if this is a new submittal or a re-review.

New Submittal	
Re-review	

Food Service Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County _____

Phone (if available): _____ - _____ - _____ Fax: _____ - _____ - _____

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Applicant: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

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: _____
(Owner or Responsible Representative)

Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

ServSafe Certification:

Do any members of management have current ServSafe or equivalent food service certification?

_____ Yes _____ No If yes, who? _____

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

_____ Restaurant

_____ Sit-down meals

_____ Food Stand

_____ Take-out meals

_____ Drink Stand

_____ Catering

_____ Commissary

Single-service (disposable):

_____Plates _____Glassware _____Silverware

_____ Meat Market

Multi-use (reusable):

_____ Other (explain): _____ _____Plates _____Glassware _____Silverware

Indicate any **specialized processes** that will take place:

_____ Curing _____ Acidification (sushi, etc.) _____ Smoking
_____ Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.)

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 or an immuno-compromised population

COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage:
Reach-in refrigerator storage: _____ ft³
Reach-in freezer storage: _____ ft³

Cubic-feet of walk-in cold storage:
Walk-in refrigerator storage: _____ ft³
Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____
Number of reach-in freezers: _____

HOT HOLDING

- Food that will be held **hot**: _____

COLD HOLDING

- Food that will be held **cold**: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 45⁰F (7⁰C) within 6 hours.
If "Other" is checked indicate type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

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				
Running Water less than 70 ⁰ F (21 ⁰ C)				
Cooked Frozen				
Microwave				

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 review process

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to ready-to-eat form, including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, 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

1. **READY-TO-EAT FOOD HANDLING** (Edible without additional preparation necessary)

2. **PRODUCE HANDLING**

3. **POULTRY HANDLING**

4. **MEAT HANDLING**

5. SEAFOOD HANDLING

DRY STORAGE

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

Square feet of dry storage shelf space: _____ ft²

Where will dry goods be stored? _____

FINISH SCHEDULE

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

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other				
Other				

WATER SUPPLY – SEWAGE DISPOSAL

1. Is water supply: Municipal ____ Well____ Is sewer: Municipal____ Septic____

2. Will ice: be made on premises____ or purchased____

3. Water heater:

- 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 100°F temperature rise): _____ GPH

(See Water Heater Calculator on the last page to calculate recovery rate needed)

- Tankless:

- a. Manufacturer and model: _____

- b. Number of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit web page to calculate number of tankless water heaters needed at www.deh.enr.state.nc.us/ehs/food/plan2.htm)

4. Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Utensil Washing Sink				
Prep Sinks				
Hand Sinks				
Dishmachine				
Food Prep Sinks				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other				
Other				

DISHWASHING FACILITIES

a. Hand Dishwashing

- 1. Number of sink compartments: _____
 Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
 Length of drainboards (inches): Right: _____ Left: _____
- 2. What type of sanitizer will be used?
 Chlorine: _____ Iodine: _____ Quaternary Ammonium: _____ Hot Water: _____ Other (specify): _____

b. Mechanical Dishwashing

- 1. Will a Dishmachine be used? Yes _____ No _____
 Dishmachine manufacturer and model: _____
- 2. Type of sanitization: Hot water (180°F) _____ Chemical _____

c. General

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

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

 Square feet of air drying space: _____ ft²

HANDWASHING

Indicate number and location of kitchen hand sinks:

EMPLOYEE AREA

Indicate location for storing employees' personal items:

GARBAGE AND REFUSE

- 1. Will refuse be stored inside? Yes _____ No _____
If yes, where _____

- 2. Provision for garbage disposal: Dumpster _____ Compactor _____
- 3. Provision for cleaning dumpster/compactor: On-site _____ Off-site _____
If off-site cleaning, provide name of cleaning contractor: _____
- 4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.)

CLEANING FACILITIES

- 1. Location and size of can wash/mop storage area: _____

- 2. Is a separate mop basin provided? Yes _____ No _____
If yes, describe type and location: _____
- 3. Location of chemical storage:

INSECT AND RODENT

- 1. How is fly protection provided on all outside doors?
Self-closing door _____ Fly Fan _____ Screen Door _____
- 2. How is fly protection provided on windows?
Self-closing _____ Fly Fan _____ Screening _____
- 3. Location of insecticide/rodenticide storage:

- 4. Location of clean linen storage:

- 5. Location of dirty linen storage:

WATER HEATER SIZING

Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size	=	GPH
One-Comp. Sink (See Note)		X	___ x ___ x ___	=	
Two-Comp. Sink (See Note)		X	___ x ___ x ___	=	
Three-Comp. Sink (See Note)		X	___ x ___ x ___	=	
Four-Comp. Sink (See Note)		X	___ x ___ x ___	=	
One-Comp. Prep Sink		X	5 GPH	=	
Two-Comp. Prep Sink		X	10 GPH	=	
Three-Comp. Prep Sink		X	15 GPH	=	
Three Comp. Bar Sink (See Note)		X	___ x ___ x ___	=	
Four Comp. Bar Sink (See Note)		X	___ x ___ x ___	=	
Hand Sink		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash		X	10 GPH	=	
Mop Sink		X	5 GPH	=	
Dishmachine		X	GPH = 70% of "Final Rinse Usage"	=	
Cloth Washer		X	15 GPH	=	
Hose Reel		X	5 GPH	=	
Other Equipment		X		=	
Other Equipment		X		=	
Gallons per hour (GPH) Recovery Rate needed (based on 100 ⁰ F temperature rise)					Total

Note: GPH Calculation for Sinks	GPH = (Sink size in cu. in.) x (7.5 gal./cu. ft.) x (# compartments x .75 capacity) 1,728 cu. in./cu. ft.
Short version for above	GPH = (Sink size in cu. in.) x (# compartments) x (.003255/cu. in.) Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH