



Brunswick County Health Services

Environmental Health Section
25 Courthouse Drive N.E. Post Office Box 9
Bolivia, North Carolina 28422-0009
910-253-2150 Fax: 910-253-5952



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Executive Director Health and Human Services*

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Health Services Director*

MEMORANDUM

TO: Foodservice Establishment Applicants

FROM: Food & Lodging Program Specialist

SUBJECT: Foodservice Plan Review Application

The intent of this application is to answer questions that are not provided on the plans regarding the operation of the proposed establishment and to provide our office with operational procedures for the establishment. Please complete this application in full and return it, along with the requested information to:

Brunswick County Health Services
Environmental Health Section
P.O. Box 9
Bolivia, NC 28422
Email: flplans@brunswickcountync.gov

Please be aware that franchised, chain or prototypical plans are required to be submitted for review and approval to:

Department of Health and Human Services
Environmental Health Section, Plan Review Unit
5605 Six Forks Rd.
Raleigh, NC 27609

Additional information regarding franchised, chain or prototypical plan submission is available online at [www.http://ehs.ncpublichealth.com/faf/food/planreview/app.htm](http://ehs.ncpublichealth.com/faf/food/planreview/app.htm).

Please feel free to call Environmental Health at (910) 253-2150 if you have any questions regarding this application or requirements for plan review.



FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Brunswick County Health Services, Environmental Health Section
25 Courthouse Drive NE ▪ P. O. Box 9 ▪ Bolivia, NC 28422
(910)253-2150

Email: flplans@brunswickcountync.gov

Type of construction: New _____ Remodel _____

Projected start date of construction: _____

Name of Establishment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Owner or Owner Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant: _____

Title (manager, architect, etc.): _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Submit the following items to begin the plan review process:

_____ Floor plan drawn to scale (1/4" = 1' minimum)

_____ Equipment specification sheets or make/model number for each item

_____ Proposed Menu

_____ Completed Application

_____ Permit/file number for on-site water supply well and/or sewage system

Please note: Plans will not be accepted unless all required items listed above are submitted for review.

Office use only: EH Staff receiving application: _____

Indicate the Zoning Jurisdiction of the proposed establishment:

_____ County Jurisdiction

_____ Town Jurisdiction (List Town Jurisdiction) _____

Initial which applies:

New Construction: \$250.00

This includes newly constructed buildings and those establishments which may have been operating at one time but have been closed for at least a year and no longer have a valid permit.

Existing Construction: \$150.00 Remodel/Additions of existing facilities

This includes establishments that are presently operating or that have a valid permit which will be renovated or remodeled.

Transitional Permit: No Charge

This includes establishments with a current, valid permit that have a change in ownership and propose no changes to the menu, equipment or floor plan of the existing establishment. An updated plan review application is required.

Please make checks payable to: *Brunswick County Health Services.*
Refunds are not available for Environmental Health Fees.

FACILITY INFORMATION

Hours of Operation:

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Number of seats: _____

Type(s) of Food Service: (Check all that apply)

- Restaurant (Sit-down meals) Sit-down meals
- Food Stand (No seating) Take-out meals
- Drink Stand (No food, glasses only) Catering
- Commissary (Preparation for off-site food service only)
- Meat Market
- Other (Explain: _____)

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

Type(s) of Utensils: (Check all that apply)

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

Does your food establishment have an Employee Health Policy?

Yes No If yes, attach copy to application packet.

Cold Storage:

- Number of reach-in refrigerators: _____ Total reach in refrigerator storage space: _____ ft³
- Number of reach-in freezers: _____ Total reach in freezer storage space: _____ ft³
- Total walk-in refrigerator storage space: _____ ft³ Total walk-in freezer storage space: _____ ft³
- Projected number of refrigerated/frozen deliveries per week: _____
- Projected number of meals served between deliveries:
 - Breakfast _____ Lunch _____ Dinner _____

Dry Goods:

- Dry good storage space _____ ft² (Indicate on plans which shelves will be used for dry storage.)
- Projected number of dry good deliveries per week: _____

WATER SUPPLY and SEWAGE DISPOSAL

Water supply: _____ Municipal _____ Well

Sewage Disposal: _____ Municipal _____ On-site Septic System

Water heater(s):

Tank type:

Manufacturer and model number: _____

Storage capacity: _____

Electric water heater: _____ kilowatts (kW)

Gas water heater: _____ BTUs

Recovery rate (gallons per hour at 70°F temperature rise): _____ GPH

Tankless:

Manufacturer and model: _____

Quantity of tankless water heaters: _____

Electric water heater: _____ kilowatts (kW)

Gas water heater: _____ BTUs

Recovery rate (gallons per hour at 70°F temperature rise): _____ GPH

Will ice be made on premises or purchased? _____

Will a grease trap/interceptor be provided? ___ Yes ___ No

If yes, describe location _____

FOOD HANDLING PROCEDURES

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 (dry storage or specify cooler/freezer)
- How the food will be handled and prepared (thawed, cleaned, cooked, held hot/cold)
- Where and how the food will be cooked/cooled and reheated,

1. Produce (Pre-washed, washed on site, pre-cut, cut on site, etc.)

2. Poultry (Fresh, frozen, pre-breaded, breaded on site, held hot steam table, etc.)

3. Meat (Fresh, frozen, pre-breaded/seasoned, breaded/seasoned on site, etc.)

4. Seafood (Fresh, frozen, pre-breaded, breaded on site, cooked to order, etc.)

Specialized Processes:

**Please note: Specialized processes may require state or locally approved variance and/or HACCP plan.*

Indicate any proposed specialized processes.

Curing Acidification (sushi, etc.) Reduced Oxygen Packaging
 Smoking Sprouting Beans Other

Explain specialized process procedures:

Will undercooked or raw beef, eggs, fish, lamb, pork poultry or shellfish be served?
 Yes No If yes, describe location and wording of consumer advisory.

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 | Poultry | Meat | Seafood | Other |
|-------------------------|---------|------|---------|-------|
| Refrigeration | | | | |
| Running Water (< 70° F) | | | | |
| Part of Cooking Process | | | | |
| Microwave | | | | |

Cooling:

Indicate by checking the appropriate boxes how food items will be cooled to 41°F within 6 hours. If "Other" is checked, indicate the type of food.

| Cooling Process | Poultry | Meat | Seafood | Other |
|-----------------|---------|------|---------|-------|
| Shallow Pans | | | | |
| Ice Bath | | | | |
| Rapid Chill | | | | |

DISHWASHING FACILITIES

Manual Dishwashing:

Size of sink compartments (inches): Length _____ Width _____ Depth _____

Number of sink compartments: _____

Length of drainboards (inches): Right _____ Left _____

What type of sanitizer will be used?

Chlorine _____ Quaternary Ammonia _____ Hot Water _____

Other (Explain) _____

Mechanical Dishwashing:

Will a warewashing machine be used? Yes No

If yes, warewashing machine manufacturer and model: _____

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

General Dishwashing:

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:

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

Total square feet of air drying space: _____ ft²

PHYSICAL FACILITIES

Finish Schedule:

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

| Area | Floor | Base | Walls | Ceiling |
|--------------------------|-------|------|-------|---------|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Dry Storage | | | | |
| Toilet Rooms | | | | |
| Dressing Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Service Sink | | | | |
| Other | | | | |

Employee Accommodations:

Describe storage accommodations for employee personal items:

Linen:

Will linen be cleaned: ___ On-site ___ Off-site

Describe location of clean and dirty linen storage:

Describe linen cleaning procedures:

Poisonous or Toxic Materials:

Describe the location(s) designated for storage of poisonous and/or toxic materials (chemicals, sanitizers, etc.):

Plumbing:

Check the appropriate box indicating the type of drains provided for each piece of equipment:

| | Direct Drain | Indirect Drain |
|---------------------|---------------------|-----------------------|
| Dishwashing Sink | | |
| Prep Sinks | | |
| Handwashing Sinks | | |
| Dishwashing Machine | | |
| Ice Machine | | |
| Ice Storage Bin(s) | | |
| Dipper Well | | |
| Refrigeration | | |
| Steam Table | | |
| Garbage Disposal | | |
| Other: | | |

Note: A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment or utensils are placed.

Refuse and Recyclables

Provisions for outdoor trash storage:

Dumpster _____ Compactor _____ Trash Cans _____

Are waste receptacles on a non-absorbent (concrete/asphalt) surface? Yes ___ No ___

If dumpster/compactor, is it cleaned: On-site _____ Off-site _____

If off-site, provide name of cleaning contractor: _____

If on-site, describe provisions available for cleaning:

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

Service Sink and Mop Storage

Describe service (mop) sink/trash can wash and mop storage area (size, location, etc.):

Insect and Rodent Control

How is insect protection provided on all outside doors?

Self-closing door _____ Fly Fan _____ Screen Door _____

How is protection provided on windows?

Self-closing _____ Fly Fan _____ Screening _____

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I certify that the information in this application is correct and I understand that any deviation without prior approval from Brunswick County Health Services, Environmental Health Section, may nullify plan approval.

Name (print/sign): _____

Title: _____ Date: _____