



Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127



Moore County Food Establishment Plan Review Application

This application shall be completed and submitted to Moore County Environmental Health to begin the process of a plan review for a proposed foodservice facility.

Submit Application to:

Moore County Central Permitting Attn: Environmental Health

Applications shall be emailed to mcappleh@moorecountync.gov

For questions, please call Moore County Environmental Health: 910-947-6283

The following items must be submitted with this application to be considered complete:

- Completed (all sections and pages) Food Establishment Plan Review Application (this form)
- Verification of water and wastewater source
- Floor plan layout **drawn to scale** showing the placement of each piece of equipment
- Manufacturer specification sheets for **all** Equipment
- Detailed, complete menu (including all food, drinks, and condiments and future menu additions)
- Applicable Plan Review Fee(s)

STATEMENT: I hereby certify that the information provided within this application is accurate and complete and I fully understand that any deviation or variance from this application without prior written permission from Moore County Environmental Health will prevent the issuance of an operational permit. I understand that this application will be returned to me if incomplete and if the above items are not included and will delay processing. I understand this application should be submitted prior to construction. I also understand that multiple inspections of the facility may be required and that if the facility is not in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600, an operational permit will not be issued. Approval of these plans and specifications by Moore County Environmental Health does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local). You must contact your local jurisdiction for any necessary building permits.

Signature: _____

Date: _____

(Owner/Operator or Designee)

Please Note:

A fee is required for each application and must be paid when submitted.



Moore County Health Department Environmental Health Section

PO Box 279, Carthage, NC 28327

Phone (910) 947-6283

Fax (910) 947-5127



Food Establishment Plan Review Application

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

For applications to be considered complete, applicable plan review fees must be paid. If your project involves building modifications, you must contact your local building inspections jurisdiction for applicable permits, if any.

Applications must be submitted via email to: mcappleh@moorecountync.gov

Type of Construction: NEW REMODEL CONVERSION

For REMODEL, specify the scope of work:

Establishment Information

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____

County: _____

Owner Information

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____

E-mail Address: _____

Submitter Information

Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: _____ - _____ - _____ Email: _____

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. Application must include a plan drawn to scale, complete menu, specification sheets for all equipment and verification of water and wastewater source. Failure to provide the required documents will delay plan review.

Signature: _____

(Owner or Responsible Representative)

Daily Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals served daily:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of food deliveries received per week: _____

Number of seats: _____ Facility total square feet: _____

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

Type of food service: (Select all that apply)

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Sit-down meals
<input type="checkbox"/> Food Stand	<input type="checkbox"/> Take-out meals
<input type="checkbox"/> Drink Stand	<input type="checkbox"/> Catering / <input type="checkbox"/> Delivery
<input type="checkbox"/> Commissary	<input type="checkbox"/> Custom Self-Service Area
<input type="checkbox"/> Meat Market	
<input type="checkbox"/> Other (explain): _____	

Type of utensils used:

Single-service (disposable):	Multi-use (reusable):
<input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware	<input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> 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:

<input type="checkbox"/> Curing	<input type="checkbox"/> Acidification (sushi, etc.)	<input type="checkbox"/> Reduced Oxygen Packaging (eg: Vacuum)
<input type="checkbox"/> Smoking	<input type="checkbox"/> Sprouting Beans	<input type="checkbox"/> Other

Explain checked processes:

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

<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Health Care Facility
<input type="checkbox"/> Assisted Living Center	<input type="checkbox"/> School with pre-school aged children	
<input type="checkbox"/> N/A		

Will any **virtual brands** be provided?

Yes No

If YES, list brand names: _____

Menu to be served: _____

Estimated number of meals per week: _____

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

Reach-in cold storage (in cubic feet):

Reach-in refrigerator storage: _____ ft³Reach-in freezer storage: _____ ft³

Walk-in cold storage (in cubic feet):

Walk-in refrigerator storage: _____ ft³Walk-in freezer storage: _____ ft³Number of reach-in refrigerators: _____
Number of reach-in freezers: _____**Cold Holding:**List foods that will be held **cold**: (include equipment used)**Hot Holding:**List foods that will be held **hot**: (include equipment used)**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 type="checkbox"/>	<input type="checkbox"/>	<input 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*

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

3. Poultry:

4. Meat:

5. Seafood:

Dry Storage:

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

Where will dry goods be stored? _____

Square feet of dry storage shelf space: _____ ft²

Finish Schedule:

Indicate floor, wall and ceiling finishes (e.g., 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				
Service Sink				
Other:				
Other:				

Water Supply and Sewage:

Water supply: Municipal Well

Sewer: Municipal Septic

Will ice be: Made on premises

Purchased

Water heater(s):

Tank type:

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

Tankless:

- Manufacturer and model: _____
- Quantity of tankless water heaters: _____
- Water heater recovery rate (gallons per minute at 80°F temperature rise): _____ 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input 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 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: _____ Width: _____ Depth: _____

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:

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 handwashing sinks:

Employee Accommodations:

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

Refuse and Recyclables:

Will refuse be stored inside? Yes No

If yes, where: _____

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: _____

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

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

Service Sink:

Location and size of service (mop) sink/can wash: _____

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

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)

Poisonous and Toxic Material:

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