



**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](mailto: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: \_\_\_\_\_  
(Owner/Operator or Designee)

Date: \_\_\_\_\_

**Please Note:**

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



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## 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](mailto: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):

☐ 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:

- |                                  |  |  |
|----------------------------------|--|--|
| <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: \_\_\_\_\_ ft<sup>3</sup>

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

Walk-in cold storage (in cubic feet):

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

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

Number 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: \_\_\_\_\_ 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				
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:**

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: \_\_\_\_\_

b. Quantity of tankless water heaters: \_\_\_\_\_

c. 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:

	Indirect Waste			Direct Waste
Plumbing Fixtures	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: \_\_\_\_\_ft<sup>2</sup>

**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: