



MECKLENBURG COUNTY HEALTH DEPARTMENT

PLAN REVIEW APPLICATION

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Upfit LUESA Project # _____	Projected Start Date: _____ Projected Completion Date: _____
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TYPE OF FOOD OPERATION: Restaurant Food Stand Commissary Meat Market Bar w/out food
 Other: _____

FOOD ESTABLISHMENT INFORMATION

Name of Establishment: _____

Establishment Address: _____	City: _____	State: _____	ZIP: _____
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OWNERSHIP INFORMATION

Name of Owner: _____

Address: _____	City: _____	State: _____	ZIP: _____
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Email: _____	Phone Number: _____
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APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)

Applicant Name: _____	Contact Person: _____
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Applicant Mailing Address: _____	City: _____	State: _____	ZIP: _____
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Email: _____	Phone Number: _____
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FOOD OPERATION INFORMATION

Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Restaurant Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	Employees Max per shift: _____ Maximum meals to be served <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
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The following documents must be submitted along with this application:

- Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – ***Standard Operating Procedures or HACCP plans may be required upon request.***
- Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:
 - The floor plan must identify: food preparation, serving and seating areas, restrooms, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable).
 - Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. *Elevation drawings may be requested by the Regulatory Authority (RA).*
 - Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.
 - Manufacturer specification sheets for all proposed equipment.

Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).

Signature: _____	Date: _____
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Print Name: _____	Title: _____
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FOOD PREPARATION PROCEDURES

*Recommend for owner/operator of facility to complete this section for accuracy

FOOD DELIVERY

1. How often will frozen foods be delivered? Daily Weekly Other: _____
2. How often will refrigerated foods be delivered? Daily Weekly Other: _____
3. How often will dry foods or supplies be delivered? Daily Weekly Other: _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____; Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (RA to circle and Initial)
Washing NC Food Code §3-302.15			YES/NO
Thawing NC Food Code §3-501.13			YES/NO
Cooking NC Food Code §3-401.11			YES/NO
Hot Holding NC Food Code §3-501.16			YES/NO
Cooling NC Food Code §3-501.14			YES/NO
Reheating NC Food Code §3-403.11			YES/NO

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Food Preparation					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Can wash/Mop sink					YES/NO
Garbage and Refuse Areas					YES/NO
Toilet Rooms					YES/NO
Other:					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Circle and Initial)
Handwashing facilities	<ul style="list-style-type: none"> • Identify number of the handwashing sinks in food preparation and warewashing areas: ____ Food Preparation ____ Warewashing Area • Type of hand drying device: <input type="checkbox"/> Disposable towels <input type="checkbox"/> Hand-drying device 	YES/NO
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ • Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical <input type="checkbox"/> Hot Water 	YES/NO
Water Supply	<ul style="list-style-type: none"> • Is the water supply: <input type="checkbox"/> Municipal (public) <input type="checkbox"/> Well (private) <ul style="list-style-type: none"> ○ If private, has source been approved? Yes <input type="checkbox"/> No <input type="checkbox"/> • Is ice made on premises or purchased commercially? Made on-site <input type="checkbox"/> Purchased <input type="checkbox"/> 	YES/NO

<p>Sewage Disposal</p>	<ul style="list-style-type: none"> • Is the wastewater connection: <input type="checkbox"/> Municipal (public) <input type="checkbox"/> Septic (private) 	<p>YES/NO</p>
<p>Backflow Prevention</p>	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? Yes <input type="checkbox"/> No <input type="checkbox"/> • Are all floor drains identified on the submitted floor plan? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p>YES/NO</p>
<p>Toilet Facilities</p>	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p>YES/NO</p>
<p>Linens</p>	<ul style="list-style-type: none"> • Will linens be laundered on site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what will be laundered and where? _____ If no, how and where will linens be cleaned? _____ • Identify location of clean and dirty linen storage: _____ How often will linens be delivered and picked up? _____ 	<p>YES/NO</p>
<p>Chemicals/Cleaning</p>	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials. _____ • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 	<p>YES/NO</p>

[Type here]

Pest Control	<ul style="list-style-type: none">• Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA• Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA• Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA• Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA• Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	YES/NO
Garbage, Refuse and Recycling	<ul style="list-style-type: none">• Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____• Identify how and where garbage cans and floor mats will be cleaned? _____• Will a dumpster or a compacter be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor• Identify locations of grease storage containers: _____• Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____• Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____	YES/NO