



TO: Proposed facilities within the counties of Bertie, Camden, Chowan, Currituck, Gates, Hertford, Pasquotank and Perquimans

FROM: Environmental Health Services of Albemarle Regional Health Services

SUBJECT: Application process for plan review of new facilities

Environmental Health Services would like to welcome you and your facility to our eight-county district. Please take a moment to review the following checklist to assist you with obtaining the required permits to begin your future business.

- Contact the local County Planning and Zoning and Building Departments within the area you propose to have your facility to ensure the facility meets proper codes.
- Visit <http://ehs.ncpublichealth.com> and click on Rules to review the rules that will apply to your proposed facility. A direct link to the NC Food Code may be found at <http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>
- All facilities must submit floor plans and site plans and completed Environmental Health Services Application for New Facilities. The plans should be a minimum of 11x14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot. This is to allow for ease in reading.
- For those without internet capabilities, please contact your county below to request a hard copy of the rules or applications needed.
- Payment in the amount of \$200 must be included with submission of your application for plan review. A check or money order may be made to: **ARHS**.

Pasquotank
Perquimans
Camden
Chowan
Currituck
Bertie
Gates
Hertford

If you have any questions, comments, and/or concerns do not hesitate to contact this department. Our offices are open between the hours of 8:00 a.m. – 5:00 p.m., Monday – Friday. You may contact your County department at the number below and someone will assist you.

Mail to: ARHS Environmental Health

Attn: *County Name*

PO Box 189

Elizabeth City, NC 27907

Bertie County

P: (252) 794-5303

F: (252) 794-5361

Currituck County

P: (252) 232-6603

F: (252) 232-1912

Pasquotank County

P: (252) 338-4490

F: (252) 337-7921

Camden County

P: (252) 338-4460

F: (252) 338-4475

Gates County

P: (252) 357-1380

F: (252) 357-2251

Perquimans County

P: (252) 426-2100

F: (252) 426-2104

Chowan County

P: (252) 482-1199

F: (252) 482-6020

Hertford County

P: (252) 862-4054

F: (252) 862-4263

R. Battle Betts, Jr., MPA, Health Director

P.O. Box 189 • 711 Roanoke Avenue • Elizabeth City, North Carolina 27907-0189

Tel: 252-338-4400 • Fax: 252-338-4449

MINIMUM REQUIREMENTS FOR FOOD SERVICE FACILITIES

ON-SITE WATER AND SEWAGE: Any on-site water and sewage systems must be approved by the health department for the proposed use. A separate application and/or inspection application is required. This is not necessary for community/municipal water or sewer.

FOOD SERVICE EQUIPMENT: Food service equipment must meet or be listed by the following agencies as meeting National Sanitation Foundation (NSF)/American National Standards Institute (ANSI) standards.

- a) NSF (National Sanitation Foundation) listed...blue & silver sticker.
- b) ETL (ETL Testing Laboratories, Inc.) seal with “sanitation listed” around outside of circle.
- c) UL (Underwriters Laboratories, Inc.) sanitation classified... green triangle & white letters “EPH”.



Equipment exempted from these standards: hoods, hot water heaters, microwaves, toasters, and mixers.

Minimum Equipment

- 1) Refrigerated food storage.
- 2) Frozen food storage.
- 3) Storage areas and shelving for equipment, food stock, disposables, toxic compounds, employee belongings, clean and dirty linen.
- 4) Dishwashing facility: 3-compartment sink with drainboards (must be self-draining), utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation shall be provided for necessary utensil holding before cleaning and after sanitizing. Recommended minimum drainboard length is 24 inches.
- 5) Can wash facility for garbage cans and mops.
- 6) Separate handwashing sink (one or more required).
- 7) Restroom(s) for employees. Also, restroom(s) for customers at restaurants with seating.
- 8) Storage of wastes (garbage, recyclables, etc.) inside and outside.
- 9) Construction must meet requirements (floors, walls, ceilings, lighting, plumbing, etc.).
- 10) Adequate hot water heating facilities.

Additional equipment that may be required depending on planned operation:

- 1) Hot holding equipment.
- 2) Cooking and/or reheating equipment.
- 3) Food preparation sink(s).
- 4) Ice maker.
- 5) Mechanical ventilation/hood.

Online Plan Review Guidelines:

<https://ehs.ncpublichealth.com/faf/food/planreview/docs/plan-review-for-food-establishments-guide-2016-final.pdf>

Online NC Food Rules:

<https://ehs.ncpublichealth.com/faf/docs/foodprot/15A-NCAC-18A-2600-FINAL.pdf>

Online NC Food Code:

<https://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

Application for a Food Establishment Permit

Name of Establishment: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Manager/Person in Charge: _____

Mailing Address for Establishment: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Location of Establishment: _____

(If different from above)

Establishment is owned by: Association Corporation Individual Partnership Other Legal Entity

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.

Establishment Type: Mobile Stationary Temporary Permanent Shared Use

Prepares and Serves Potentially Hazardous Food (PHF)/Time Temperature Control for Safety Food (TCS):

To Order upon Consumer Request

In Advance and Discards Unserved Food

Uses Time as a Public Health Control

Prepares PHF/TCS by: Cooking Cooling Reheating Hot holding Cold holding
 Freezing Thawing Par cooking

Prepares food for delivery to and consumption at a location off premises

Prepares food for a Highly Susceptible Population

Prepares only non PHF/TCS

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

PROJECTED OPENING DATE: _____

Please submit this application at least 30 calendar days prior to the projected opening date, per 15A NCAC .2658 as referenced in Section 8-302.11 of the NC Food Code Manual.

I attest to the accuracy of the information provided in this application.

Signature: _____ Date: _____

Method of Payment: _____

Pre-opening Checklist

The following pre-opening checklist is provided to assist with compliance to obtain a Food Establishment Permit:

- _____ Certified Food Protection Manager (Applicant is allowed 210 days from date permit is issued to comply with rule requirement, per 15A NCAC 18A .2659)
- _____ Copy of the menu
- _____ *Consumer advisory (NC Food Code Manual, Section 3-603.11)
- _____ *Variance and/or HACCP plan for specialized processing methods (NC Food Code Manual, Section 3-502.11)
- _____ *Written procedures for time as a public health control (NC Food Code Manual, Section 3-501.18)
- _____ *Standard operating procedures (NC Food Code Manual, Paragraph 8-201.12(E))
- _____ All refrigerators and freezers must be operating to verify temperatures
- _____ Thermometers provided
- _____ Water heater operating
- _____ Ware washing facilities properly operating
- _____ Sanitizing solution and test strips supplied
- _____ Lighting meets requirements
- _____ Bulbs shielded or shatterproof
- _____ Handwashing sinks conveniently located and supplied with soap, towels, and handwashing sign
- _____ All construction completed and all construction materials removed from the premises

**If applicable*

When scheduling the pre-opening inspection, contact your local County Environmental Health Department at least a week prior to the projected opening date.

Bertie County
P: (252) 794-5303
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F: (252) 862-4263

*****KEEP THIS PAGE FOR YOUR REFERENCE*****

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: _____

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____

- Sit-down meals
- Take-out meals
- Catering
- Single-service (disposable):
 - Plates Glassware Silverware
- Multi-use (reusable):
 - Plates Glassware Silverware

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

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (eg: Vacuum)
- Smoking Sprouting Beans Other

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

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	<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"/>

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 ⁰ F (21 ⁰ 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

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, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

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 (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 - SEWAGE

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 80°F temperature rise): _____ GPH

(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)
 - Tankless:
 - a. Manufacturer and model: _____
 - b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)
4. 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

a. Manual Warewashing

1. Size of sink compartments (inches): Length: ____ Width: ____ Depth: ____

2. What type of sanitizer will be used?

Chlorine: Iodine: Quaternary Ammonium: Hot Water: Other (specify):

b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes No

Warewashing machine 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 handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

REFUSE AND RECYCLABLES

- 1. Will refuse be stored inside? Yes No
If yes, where: _____
- 2. Provision for refuse 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.):

SERVICE SINK

- 1. Location and size of service (mop) sink/can wash: _____
- 2. Is a separate mop storage area provided? Yes No
If yes, describe type and location: _____

INSECT AND RODENT CONTROL

- 1. How is protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
- 2. How is protection provided on windows?
Self-closing Fly Fan Screening

LINEN

Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

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