

## ALAMANCE COUNTY HEALTH DEPARTMENT

### Environmental Health Section

209 North Graham-Hopedale Road  
Burlington, North Carolina 27217-2971

[www.alamance-nc.com](http://www.alamance-nc.com)

Phone Number (336) 570-6367

Fax Number (336) 570-6362

Joseph B. Bass, Jr., MSW  
Health Director

TO: New Foodservice Operator

FROM: Alamance County Health Department

This office has been notified of your intent to open a new foodservice facility in Alamance County. Please be advised that North Carolina General Statutes 130A-248(b) states that "No facility shall commence or continue operation that does not have a permit issued by the Department. The permit shall be issued to the owner or operator of the facility and shall not be transferable. A permit shall be issued only when the facility satisfies all of the requirements of the rules..."

You will need to submit to this office a complete set of floor plans, drawn to scale (1/4" = 1' minimum) along with a floor, wall and ceiling finish schedule, an equipment schedule that identifies each piece of equipment by common name, manufacturer's name and model number, a plumbing diagram, a proposed menu, a completed application, and \$250.00 plan review fee as soon as possible. Please make the check payable to Alamance County Health Department. The intent of this application is to answer questions that are not provided on the plans regarding the operation of the facility and to provide the Alamance County Health Department with the operational procedures when the facility opens.

You will need to allow at least three weeks from the time of submittal for your plan to be reviewed. Any construction that has been initiated should be stopped until the final plan approval has been issued. Any construction that has been done, which does not meet the rules, will have to be revised in an approved manner before an operations permit will be issued.

Please be aware that franchised, chain, and prototypical type facilities plans are required to be submitted to the Environmental Health Services Section; Facility and Plan Review Unit, Parker Lincoln Building, Room 1A109, 2728 Capital Blvd., Raleigh, NC 27604 for review.

Please feel free to copy this application for future use when submitting plans.

Call 336-570-6367 if you have any questions and/or comments.

For additional information concerning facility design and layout you can access the "Guidelines For the Design, Installation and Construction of Food Establishments In North Carolina" by going to the following web address <http://www.deh.enr.state.nc.us/ehs/food/plan2.htm>.



COMMITTED TO PROTECTING AND IMPROVING THE  
PUBLIC'S HEALTH IN ALAMANCE COUNTY



**N.C. Department of Environment and Natural Resources  
Division of Environmental Health  
Plan Review Unit**

**Food Service Plan Review Application  
\$250.00 Fee**

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

1) Tax Map Number \_\_\_\_\_ GPIN: \_\_\_\_\_

2) Owner of the restaurant property:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

3) Applicant/Requestee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

4) Name of Establishment: \_\_\_\_\_

5) Location address and directions to the establishment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) Type of Establishment: (R) \_\_\_\_\_ (MM) \_\_\_\_\_ (FS) \_\_\_\_\_ (PC) \_\_\_\_\_ (MF) \_\_\_\_\_

7) New Establishment: \_\_\_\_\_ Remodeled Establishment: \_\_\_\_\_

8) Number of Seats in Establishment: \_\_\_\_\_

9) Utilities: Public Water \_\_\_\_\_ Well \_\_\_\_\_

Public Sewer \_\_\_\_\_ Septic \_\_\_\_\_

10) Proposed Opening Date: \_\_\_\_\_

**N.C. Department of Environment and Natural Resources  
Division of Environmental Health  
Plan Review Unit**

**Food Establishment Plan Review Application**

Type of Construction:                   NEW            REMODEL

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone (if available):    \_\_\_ - \_\_\_ - \_\_\_                   Fax:   \_\_\_ - \_\_\_ - \_\_\_

.....  
Owner or Owner's Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_ - \_\_\_ - \_\_\_                   Fax:   \_\_\_ - \_\_\_ - \_\_\_

E-mail Address: \_\_\_\_\_

.....  
Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_ - \_\_\_ - \_\_\_                   Fax:   \_\_\_ - \_\_\_ - \_\_\_

E-mail Address: \_\_\_\_\_

**Title (owner, manager, architect, etc.): \_\_\_\_\_**

**PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT YOU ARE AGREEING TO THESE TERMS AND CONDITIONS.**

I hereby 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.

**Signature:** \_\_\_\_\_  
(Owner or Responsible Representative)

**Hours of Operation:**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Projected number of meals to be 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

Sit-down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Single-service (disposable):  Plates  Glassware  Silverware

Meat Market

Multi-use (reusable):  Plates  Glassware  Silverware

Other (explain): \_\_\_\_\_

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

- 1.  Meat
- 2.  Seafood
- 3.  Poultry
- 4.  Other (explain): \_\_\_\_\_

**COLD STORAGE**

**Provide the method used to determine cold storage requirements:** \_\_\_\_\_

Provide total cubic-feet of space dedicated to walk-in cold storage:

- a) Walk-in Refrigeration storage \_\_\_\_\_
- b) Walk-in freezer storage \_\_\_\_\_

Provide total cubic-feet of space dedicated to reach-in cold storage:

- a) Reach-in refrigeration storage \_\_\_\_\_
- b) Reach-in freezer storage \_\_\_\_\_

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

**THAWING**

Indicate by checking the appropriate box how potentially hazardous food (PHF) 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 <sup>0</sup> F (21 <sup>0</sup> 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"/>

**HOLDING**

How will hot potentially hazardous food (PHF) be maintained at 140<sup>0</sup> F (60<sup>0</sup> C) or above during holding for service? Indicate type and number of hot holding units.

\_\_\_\_\_

How will cold potentially hazardous food (PHF) be maintained at 45<sup>0</sup> F (7<sup>0</sup> C) or below during holding for service? Indicate type and number of cold holding units.

\_\_\_\_\_

List any food that will be held between 45<sup>0</sup>F (7<sup>0</sup>C) and 140<sup>0</sup>F (60<sup>0</sup>C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE:

DISPLAY:

SERVICE:

**COOLING**

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 45<sup>0</sup> F (7<sup>0</sup> C) 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"/>

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? \_\_\_\_\_

## FOOD PREPARATION PROCEDURES

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

If your company has developed food preparation procedures, they should be submitted.

### 1. PRODUCE PREPARATION PROCEDURE

- a. Will produce be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling produce? Yes  No
- c. Will it be used for other operations? Yes  No

**Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.**

\_\_\_\_\_

### 2. SEAFOOD PREPARATION PROCEDURE

- a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling seafood? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

\_\_\_\_\_

### 3. POULTRY PREPARATION PROCEDURE

- a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling poultry? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

\_\_\_\_\_

**4. PORK and/or RED MEAT PREPARATION PROCEDURE**

- a. Will meat be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling pork and/or red meat? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

\_\_\_\_\_

**DRY STORAGE**

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

Provide total square feet of shelf space dedicated to dry storage: \_\_\_\_\_

Where will dry goods be stored? \_\_\_\_\_

**FINISH SCHEDULE**

Indicate floor, wall and ceiling finishes (i.e., 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				
Mop Service Basin Area				
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 make and model: \_\_\_\_\_
4. Water heater storage capacity: \_\_\_\_\_ gallons.
5. Water heater recovery rate (gallons per hour at 100°F temperature rise): \_\_\_\_ gallons per hour.  
(See **Water Heater Calculation Worksheet – Page 9** to calculate recovery rate needed)
6. Check the appropriate box for indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Grinder	<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"/>
Ice Storage Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensil/Pot Wash Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Wells	<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"/>
Potato Peeler	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DISHWASHING FACILITIES

### a. Hand dishwashing

- Number of sink compartments:  
Size of sink compartments (inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_  
Length of drainboards (inches): Right: \_\_\_\_\_ Left: \_\_\_\_\_
- What type of sanitizer will be used?

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

### b. Mechanical dishwashing

- Will a Dishmachine be used? Yes  No   
Dishmachine manufacturer and model: \_\_\_\_\_
- Type of sanitization: Hot water (180°F)  Chemical

### c. General

- Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces 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  
\_\_\_\_\_

Provide total square feet of air drying space: \_\_\_\_\_

## HANDWASHING/TOILET FACILITIES

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area? Yes  No

## EMPLOYEE AREA

Is space provided for employee's personal items? Yes  No

If so, describe location:  
\_\_\_\_\_

## GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes  No   
If so, where: \_\_\_\_\_
2. Provision for garbage 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.)  
\_\_\_\_\_

## CLEANING FACILITIES

1. Specify location and size of area for washing of garbage cans and storage of mops:  
\_\_\_\_\_
2. Is a separate mop basin provided? Yes  No   
If so, describe type and location: \_\_\_\_\_
3. Indicate location of cleaning chemical system and chemical storage:  
\_\_\_\_\_

## INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? Yes  No
2. How is fly protection provided on all outside doors?  
Self-closing door  Fly Fan  Screen Door
3. How is fly protection provided on windows?  
Self-closing  Fly Fan  Screening
4. Indicate location of insecticide/rodenticide storage:  
\_\_\_\_\_
5. Location of clean linen storage:  
\_\_\_\_\_
6. Location of dirty linen storage:  
\_\_\_\_\_

## WATER HEATER SIZING

<b>Water Heater Calculation Worksheet</b>					
<b>Equipment</b>	<b>Quantity</b>	<b>Times</b>	<b>Size</b>	<b>=</b>	<b>GPH</b>
One-Comp. Sink (See Note)		<b>X</b>	x x	=	
Two-Comp. Sink (See Note)		<b>X</b>	x x	=	
Three-Comp. Sink (See Note)		<b>X</b>	x x	=	
Four-Comp. Sink (See Note)		<b>X</b>	x x	=	
One-Comp. Prep Sink		<b>X</b>	5 GPH	=	
Two-Comp. Prep Sink		<b>X</b>	10 GPH	=	
Three-Comp. Prep Sink		<b>X</b>	15 GPH	=	
Three Comp. Bar Sink (See Note)		<b>X</b>	x x	=	
Four Comp. Bar Sink (See Note)		<b>X</b>	x x	=	
Hand Sink		<b>X</b>	5 GPH	=	
Pre-Rinse		<b>X</b>	45 GPH	=	
Can Wash		<b>X</b>	10 GPH	=	
Mop Sink		<b>X</b>	5 GPH	=	
Dishmachine		<b>X</b>	GPH = 70% of "Final Rinse Usage"	=	
Cloth Washer		<b>X</b>	15 GPH	=	
Hose Reel		<b>X</b>	5 GPH	=	
Other Equipment		<b>X</b>		=	
Other Equipment		<b>X</b>		=	
<b>Gallons per hour (GPH) Recovery Rate</b> needed (based on 100 <sup>0</sup> F temperature rise)				<b>Total</b>	

<b>Note:</b> GPH Calculation for Sinks	$\text{GPH} = \frac{(\text{Sink size in cu. in.}) \times (7.5 \text{ gal./cu. ft.}) \times (\# \text{ compartments} \times .75 \text{ capacity})}{1,728 \text{ cu. in./cu. ft.}}$
Short version for above	$\text{GPH} = (\text{Sink size in cu. in.}) \times (\# \text{ compartments}) \times (.003255/\text{cu. in.})$ <p style="margin: 0;">Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH</p>

**ALAMANCE COUNTY ENVIRONMENTAL HEALTH**  
**APPLICATION FOR PERMITS**

**PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED**

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation-Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc. Plan Review and Permit.

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(Applicant)

Mailing Address \_\_\_\_\_

Agency/Firm \_\_\_\_\_

Property Owner \_\_\_\_\_  
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

\_\_\_\_\_  
(Signature)

DOB \_\_\_\_\_ ID \_\_\_\_\_ Verified By: \_\_\_\_\_  
(NC Drivers License or Photo ID) (Initial)