



Union County Public Health Division

Environmental Health Section

500 N. Main St. Suite 47

Monroe, NC 28112

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APPLICATION REQUEST

APPLICATION TYPE:

- NEW FOOD SERVICE ESTABLISHMENT (\$250) - Complete Plan Review application
- RENOVATIONS/CHANGES to food preparation area, seating capacity, addition of room (\$150) - Complete Plan Review application
- CHANGE OF TENANT ONLY
- MOBILE FOOD UNIT / PUSH CART (\$150) - Complete Plan Review application.
- LIMITED FOOD SERVICE - (Concession Stands / Lodging) (\$75) - Submit menu.
- TEMPORARY FOOD ESTABLISHMENT (\$75) - Submit menu. **Name of EVENT:** _____
- NEW SWIMMING POOL (\$250) - Submit plans and specification sheets.
- SWIMMING POOL OPERATION PERMIT (\$275) – Submit State Application for Public Swimming Pool Operation Permit, and Pool Drain Safety Compliance Data Form. **Number of Pools** _____ **X \$275 =** _____
- LODGING - Submit plans and menu.
- RESIDENTIAL CARE - Inspection request.
- HOSPITAL, NURSING HOME AND OTHER INSTITUTIONS Circle applicable Establishment
 - Hospital
 - Adult Day Care
 - Local Confinement
 - Nursing Home
 - School
- CHILD CARE CENTER - Complete Plan Review application
- TATTOOS (\$150) Complete NC application for Tattooing Permit
- CAMPS Complete Plan Review application

Additional information may be requested.

BUSINESS AND CONTACT INFORMATION

Establishment Name: _____

Current Establishment Name (If applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

ESTABLISHMENT OWNER:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner Phone: (_____) _____ E-Mail: _____

DESIGNER/CONTRACTOR/OPERATOR:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail: _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person: _____

Contact Phone: (_____) _____ E-Mail: _____

ESTABLISHMENT INFORMATION

Projected Start Date: _____ Projected Date for Completion: _____

OR Dates of Operation: _____

SEWER: YES NO **PUBLIC WATER:** YES NO **Occupancy:**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. **I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules.** I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: _____ Date: _____

Print Name and Title Here: _____



FOOD ESTABLISHMENT CONTACT INFORMATION

Establishment Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____

ESTABLISHMENT INFORMATION

Projected Start Date of Construction: _____ Projected Date for Completion: _____

Type of Food Service:

- Sit down meals
- Food Stand (no seats provided)
- Drink Stand (no food served but using multi use glassware)
- Meat Market
- Commissary
- Single-service (disposable dishes and/or utensils)
- Multi-use (reusable dishes and/or utensils)
- Take-out
- Catering

Water Supply / Sewage Disposal

1. Will the water supply be: (Check one that applies) Municipal (public) Well
2. Will the sewage disposal be: (Check one that applies) Municipal (public) Septic system
3. Grease trap location _____
4. Will ice: (Check one that applies) Be made on premises Purchased

Food Preparation Review

1. Will managers or supervisors be a certified Food Protection Manager as required by NC Food Code? Yes No
2. Does your food establishment have a policy to exclude or restrict food workers who are sick or have infected cuts or lesions? Yes No
3. Will any specialized processes (e.g. smoking meats or fish, curing, sushi rice, vacuum packaging, cook-chill, sous vide, etc.) occur in the establishment? Yes No
4. How will produce be purchased? (Check all that apply).
 Purchased in bulk and washed / chopped in the establishment.
 Purchased in pre-washed, ready-to-eat form.
5. If purchased in bulk form, where and how often will produce be washed?

6. How will poultry be purchased? (Check all that apply)
 Not served on the menu.
 Purchased and received frozen.
 Purchased and received fresh.
 Purchased in pre-portioned, ready-to-cook form.
7. Will poultry be washed? Yes No
 If yes, where and how often will poultry be washed?

8. How will raw meats (beef, pork, lamb) be purchased?
 Not served on menu.
 Purchased and received frozen.
 Purchased and received fresh.
 Purchased in pre-portioned, ready-to-cook form.
9. Will raw meats (beef, pork, lamb) be washed? Yes No
 If yes, where and how often will raw meats be washed?

10. How will seafood be purchased? (Check all that apply)

- Not served on menu.
- Purchased and received frozen.
- Purchased and received fresh.
- Purchased in ready-to-cook form.

11. Will seafood (shrimp, whole fish) be washed, de-veined or scaled at the establishment?

Yes No

If yes, where and how often will seafood be washed, scaled or de-veined?

12. Will shellfish (clams, mussels or oysters) be sold in the establishment? Yes No

If yes, describe the food handling process.

13. Will raw meats be injected, pinned, cubed or ground in the establishment? Yes No

If yes, list the raw meats that will be prepared this way.

14. Will game animals be served in the establishment? Yes No

If yes, provide the supplier's name.

15. How will potentially hazardous foods be thawed?

Thawing Method	Meats	Seafood	Poultry
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water (less than 70°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook from frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organizational endorsement emblems can be found on the spec sheet: Such as UL, NSF and other registered symbols



16. Cooking and Reheating Potentially Hazardous Food:

List all cooking and reheating equipment and check all boxes each piece of equipment will be used for.

Equipment Name	Cooking	Reheating	New	Used	NSF/ANSI Certified? (Y or N)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. Hot and Cold Holding of Potentially Hazardous Food:

List all hot and cold holding equipment and check all boxes each piece of equipment will be used for.

Equipment Name	Hot Holding	Cold Holding	New	Used	NSF/ANSI Certified? (Y or N)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

18. Cooling Potentially Hazardous Food:

Check the appropriate box below to indicate how potentially hazardous food will be cooled to 41°F within 6 hours. If "Other" is checked, indicate the type of food: _____

Type of Cooling Method Used	Cooked Meats	Cooked Seafood	Cooked Poultry	Other
Shallow pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice water baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portioning into smaller amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chill sticks / Ice paddles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. List foods that will be prepared in the establishment a day or more in advance.

20. Will heated foods be saved for the next day? Yes No

If yes, list the menu items.

21. Food handlers should minimize handling ready-to-eat foods (salad and salad toppings, cooked foods, buns) with their bare hands. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

- Disposable gloves Long-handled utensils
 Deli tissue Other: _____

22. Will this establishment cater food to another location? Yes No

If yes, list the menu items that will be catered.

23. Maximum number of catered meals per day: _____

Dishwashing Method

Type of utensils to be used (Check all that apply)

	Plates	Glassware	Silverware
Disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reusable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How will utensils be washed, rinsed and sanitized? (Check all that apply)

Dish Machine Three-compartment sink

2. If a dish machine will be used, provide the make and model number of the dish machine below.

Make _____ Model # _____

3. Does the dish machine use a chemical or hot water to sanitize utensils during the rinse cycle?

Chemical Hot Water

4. If a three-compartment sink will be used, provide the length, width and depth (in inches) of the compartments below.

Length (inches) _____ Width (inches) _____ Depth (inches) _____

5. If a three-compartment sink will be used to wash, rinse and sanitize utensils, what type of sanitizer will be used?

Chlorine Quaternary ammonia

6. Where will utensils be air-dried? _____

Water Heater

1. Manufacturer: _____ Model Number: _____
2. Storage capacity: _____ gallons
3. Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ gallons per hour

Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size	=	GPH
Three-comp. sink (see note)		X	X X	=	
Four-comp. sink (see note)		X	X X	=	
One-comp. Prep Sink		X	5 GPH	=	
Two-comp. Prep Sink		X	10 GPH	=	
Three-comp. Prep Sink		X	15 GPH	=	
Three-comp. Bar Sink (see note)		X	X X	=	
Four-comp. Bar Sink (see note)		X	X X	=	
Hand Sink		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash		X	10 GPH	=	
Mop Sink		X	5 GPH	=	
Dish Machine		X	GPH = 70% of "Final Rinse Usage"	=	
Clothes Washer		X	15 GPH	=	
Hose Reel		X	5 GPH	=	
Other Equipment		X		=	
Other Equipment		X		=	
Gallons per hour (GPH) Recovery Rate needed (based on 100°F temperature rise)					Total

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

Insect and Rodent Control

1. Will outside doors be self-closing with rodent-proof flashing? Yes No
2. Will the establishment have a drive-thru or walk-up window?
Yes No
If yes, describe how insects will be kept out (i.e. self-closing window, fly fan, etc.).

3. Will openings around pipes and electrical conduits be sealed? Yes No

Solid Waste / Cleaning Facilities

1. What type of solid waste storage containers will be used? (Check all that apply)
Compactor Dumpster Cans
2. Describe the location of the trash can wash / mop sink? _____
3. What is the size (sq. ft) of the trash can wash basin? _____
4. Where will wet mops and brooms be stored? _____

Refrigerated Food Storage

The following information is needed to calculate how much refrigerated storage is needed in the establishment. Fill in the requested information completely.

1. Number of meals served per day: _____
2. Number of days between deliveries of refrigerated food: _____
3. Number of meals between deliveries: _____

Refrigeration Calculator: <http://ehs.ncpublichealth.com/faf/food/planreview/docs/RefrigerationCalculator-4-12.xls>

Plumbing Cross-Connections

The following information is needed on the proposed plumbing. It is recommended this section be completed by a qualified plumber, architect or engineer.

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Dish Machine	<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"/>
3 Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Compartment Sink	<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"/>
Steamer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kettle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink Dispensers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar Sink/Glassware Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mop Sink	<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"/>