Food Establishment Plan Review Applications shall be submitted at least 30 calendar days before the date planned for opening a food establishment which shall include the construction or conversion of establishment. Submittal shall include the application, layout of the proposed facility, and menu. Payment of $200.00 shall be received at time of submittal. All items and payment shall be received before the application can be processed.

The plan review application does not include any other entity that may require permitting (i.e. Building Inspections, water/sewer); it is the responsibility of the applicant to ensure all entities are contacted.


Thank you,

Jill Breedlove, REHS
Swain County Health Department  
Environmental Health Section  
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: _____

Submitter: _____
Company: _____
Contact Person: _____
Address: _____
City & State: _____  Zip Code: _____
Telephone: ___- ___ - ___  Fax: ___- ___ - ___
E-mail Address: _____
Title (owner, manager, architect, etc.): _____

❖ Please Return completed application with a scaled drawing of kitchen/equipment/storage areas
❖ Have cash, money order, or check made payable to Swain County Health Department when application is submitted. (0-50 seats = $200; 50+ seats = $250)

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.

Signature: _____________________________________________
(Owner or Responsible Representative)
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:
☐ Restaurant
☐ Food Stand
☐ Drink Stand
☐ Commissary
☐ Meat Market
☐ Other (explain): _____

CHECK ALL THAT APPLY
☐ 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 45°F (7°C) within 6 hours.
If “Other” is checked indicate type of food: _____

<table>
<thead>
<tr>
<th>Cooling Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ice Baths</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rapid Chill</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

THAWING
Indicate by checking the appropriate boxes how food in each category will be thawed.
If “Other” is checked indicate type of food: _____

<table>
<thead>
<tr>
<th>Thawing Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Running Water less than 70°F (21°C)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cooked Frozen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Microwave</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Area</th>
<th>Floor</th>
<th>Base</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage &amp; Refuse Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
   - Tankless:
     a. Manufacturer and model: ______
     b. Quantity of tankless water heaters: ______

4. Check the appropriate box indicating equipment drains:

<table>
<thead>
<tr>
<th>Plumbing Fixtures</th>
<th>Indirect Waste</th>
<th>Direct Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Floor sink</td>
<td>Hub Drain</td>
</tr>
<tr>
<td>Warewashing Sink</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Prep Sinks</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Handwashing Sinks</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Warewashing Machine</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ice Machine</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Garbage Disposal</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Dipper Well</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Refrigeration</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Steam Table</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
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

1. Indicate location of clean and dirty linen storage: _____

POISONOUS OR TOXIC MATERIALS

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