



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5000 • www.gastonhhs.org

Food Service Establishment Plan Review Application

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the facility.

The North Carolina Food Code Chapter 8, Section 201.11 requires that plans be submitted for approval **prior** to construction / renovation / modification / change of ownership of such facilities by the local Health Department (Gaston County Environmental Services).

Plans must be submitted with the necessary paperwork (see checklist below) to the local municipality of Gaston County that will issue building permits for the project (Belmont, Bessemer City, Cherryville, Cramerton, Dallas, Gastonia, Lowell, McAdenville, Mt. Holly, Ranlo, Spencer Mtn., Stanley). Projects located in unincorporated areas of Gaston County must be submitted to the Gaston County Inspections/Plans/Permits Department.

Please be aware that plans for franchised, chain, and prototypical type facilities are also required to be submitted to the State of North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section, Plan Review Unit (phone 919-707-5863, website <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm>) for approval.

Submittal Checklist:

- _____ Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, and trash can wash facilities. Plans must also include general plumbing, electrical, mechanical and lighting drawings, construction materials, and room finish schedules.
- _____ A site plan locating exterior equipment, such as dumpsters and walk-ins
- _____ Manufacturer specification sheets for each piece of new equipment
- _____ Completed Food Service Plan Review Application
- _____ Proposed menu
- _____ Plan Review Fee ([see list for fee schedule on website](#))
- _____ Zoning Permit

If you have questions, you may contact David Littman, Environmental Plan Review Specialist Section at (704) 853-5217 or email david.littman@gastongov.com .

**N.C. Department of Health & Human Services
Division of Public Health
Environmental Health Section
Plan Review Unit**

Food Service 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.): _____

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: (State Operating Time of Each Day 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

_____ Sit-down meals

_____ Food Stand

_____ Take-out meals

_____ Drink Stand

_____ Catering

_____ Commissary

Single-service (disposable):

_____ Meat Market

_____ Plates _____ Glassware _____ Silverware

_____ Other (explain):

Multi-use (reusable):

_____ Plates _____ Glassware _____ Silverware

List all foods that will be served raw or undercooked (examples: raw oysters, sunny-side up eggs, rare steak, etc.) _____

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

_____ Curing _____ Acidification (sushi, etc.) _____ Reduced Oxygen Packaging (eg: Vacuum)

_____ Smoking _____ Sprouting Beans _____ Other

Explain checked processes: _____

*Variance and/or HACCP Plan as required in NC Food Code 3-502.11/3-502.12 must be approved by State Committee before opening. Information can be found at: <http://ehs.ncpublichealth.com/faf/food/correspondence.htm>

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

Will food be cooked in advance and/or left overs be cooled and re-served?

_____ Yes

_____ No

COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage:

Cubic-feet of walk-in cold storage:

Reach-in refrigerator storage: _____ ft³

Walk-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

Calculator for refrigeration storage can be found at:

<http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

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.

Cooling Process	Foods to be cooled using this process
Shallow Pans	
Ice Baths	
Rapid Chill	
Other	

Describe Other Cooling Process used: _____

THAWING – “Process used to un-freeze food”

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				
Running Water less than 70°F (21°C)				
Cooked Frozen				
Microwave				

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

Calculator for dry storage can be found: <http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

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 DISPOSAL

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 page 10 to calculate recovery rate needed)

- Tankless:
 - a. Manufacturer and model: _____
 - b. Number of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit Web page to calculate number of tankless water heaters needed at <http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>)

4. Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste		Direct Waste	
	Floor Sink	Hub Drain	Floor Drain	
Utensil Washing Sink				
Prep Sinks				
Hand Sinks				
Dishmachine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other				
Other				

DISHWASHING FACILITIES

A. Hand Dishwashing “Manual cleaning of utensils and equipment”

1. Number of sink compartments: _____
Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
Length of drainboards (inches): Right: _____ Left: _____

2. What type of sanitizer will be used?

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

B. Mechanical Dishwashing

1. Will a Dishmachine be used? Yes _____ No _____

Dishmachine 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 completely 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 kitchen hand sinks:

EMPLOYEE AREA (Include changing areas for employees if applicable)

Indicate location for storing employees' personal items:

GARBAGE AND REFUSE

- 1. Will refuse be stored inside? Yes _____ No _____
If yes, 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. Location and size of can wash/mop storage area: _____

- 2. Is a separate mop basin provided? Yes _____ No _____
If yes, describe type and location: _____

- 3. Location of chemical storage:

INSECT AND RODENT

- 1. How is fly protection provided on all outside doors?
Self-closing door _____ Fly Fan _____ Screen Door _____
- 2. How is fly protection provided on windows?
Self-closing _____ Fly Fan _____ Screening _____
- 3. Location of insecticide/rodenticide storage:

- 4. Location of clean linen storage:

- 5. Location of dirty linen storage:

WATER HEATER SIZING

Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size		GPH
One-Comp. Sink (See Note)		X	___ x ___ x ___	=	
Two-Comp. Sink (See Note)		X	___ x ___ x ___	=	
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	=	
Dishmachine		X	GPH = 70% of "Final Rinse Usage"	=	
Cloth 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 = (Sink size in cu. in.) x (7.5 gal./cu. ft.) x (# compartments x .75 capacity)
GPH Calculation for Sinks	1,728 cu. in./cu. ft.
Short version for above	GPH = (Sink size in cu. in.) x (# compartments) x (.003255/cu. in.) Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH