



# Beaufort County Public Health Department

## Environmental Health Section

TELEPHONE: 252.946.6048  
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220 North Market Street  
WASHINGTON NC 27889

www.bchd.net

### To: Proposed Food Establishment Owners/ Operators

Thank you for your interest opening a food service establishment in Beaufort County. Our staff is available to help you through any part of this process that you may need help with or have questions about. You can reach our office at (252) 946-6048 for assistance.

North Carolina Law and Rules requires a permit applicant or permit holder to submit to the health department properly prepared plans and specifications for review and approval before:

- A. Construction of a food establishment;
- B. The conversion of an existing structure for use as a food establishment; or
- C. The remodeling of a food establishment or a change of type of food establishment or food operation.

**It is important that your construction plans are approved by our office prior to beginning any construction. This will save you valuable time and money by assuring that your plans are in compliance with North Carolina laws and rules.**

You are advised to set up an appointment with one of our staff to review this process prior to submitting your application. **Effective July 1<sup>st</sup>, 2020, there is a \$250 plan review application fee for new construction submitted to our office for review. Transitional permit applications may be subject to a \$150 plan review fee. All fees are non-refundable.**

In addition to meeting health department regulations, you are encouraged to also contact the applicable agencies below to assure you are in compliance with their regulations:

Department	Phone Number
<b>Within the City of Washington:</b>	
City of Washington Planning & Development	252-975-9317
City of Washington Building Inspections	252-975-9304
City of Washington Fire Marshall	252-975-9401
<b>For all areas outside Washington:</b>	
Beaufort County Building Inspections	252-946-7182
Beaufort County Fire Marshall	252-946-2046
<b>If located in the following, please contact for any planning/ zoning requirements:</b>	
Town of Bath	252-923-0212
Town of Belhaven	252-943-3055
Town of Chocowinity	252-946-6568
Town of Aurora	252-322-4611

\*This listing is a guide and may not include all permitting agencies required\*

## Plan Review Checklist

### 1. A set of plans submitted to be drawn to a minimum scale of ¼ inch = 1 foot.

#### The plan should include:

- Location of all food equipment with each piece of equipment clearly labeled.
- Handwashing sinks in food preparation, food dispensing, and warewashing areas.
- Finish schedule for floors, walls, ceilings for each area of the food establishment.
- Plumbing plan showing:
  - Water supply and waste lines
  - Location of floor drains and floor sinks
  - Hot water generating equipment
  - Location of grease interceptor
- Electrical plan showing location of light fixtures, electrical outlets and electrical panels.
- Ventilation plan showing location of hoods and diffusers.
- Site plan showing location of dumpster pad.
- Any auxiliary areas such as storage rooms, refuse rooms and toilet rooms.

### 2. Information accompanying the plans should include:

- Proposed menu
- Completed Food Establishment Plan Review Application
- Specification sheets for each piece of equipment proposed to be used

#### Note the following:

- Food equipment shall be used in accordance with the manufacturer's intended use and be certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification programs. If the equipment is not certified or classified for sanitation, the equipment shall meet Parts 4-1 and 4-2 of NC Food Code.
- Lighting requirements:
  - 50 foot candles of light at a surface where a food employee is working with food or working with utensils or equipment.
  - 20 foot candles of light:
    - At a surface where food is provided for consumer self-service
    - Inside equipment such as a reach-in and under the counter refrigerators
    - At 30 inches above the floor in areas used for handwashing, warewashing and equipment and utensil storage.
    - In Toilet rooms
  - 10 foot candles of light 30 inches above the floor in walk-in refrigeration/freezer units, dry food storage areas and other areas during periods of cleaning.

## Food Establishment Plan Review Application

Type of Construction:        NEW \_\_\_\_\_                      REMODEL \_\_\_\_\_

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

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

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

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

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

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

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

Telephone:        -   -                      Fax:        -   -

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

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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)

**Projected start date of construction:** \_\_\_\_\_

**Projected completion date:** \_\_\_\_\_

**Hours of Operation:**

Sun\_\_\_\_\_ Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed \_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_

**Projected number of meals served between product deliveries:**

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Facility total square feet: \_\_\_\_\_

**TYPE OF FOOD SERVICE:**

- \_\_\_ Restaurant
- \_\_\_ Food Stand (no seating)
- \_\_\_ 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 process** that will take place:

- \_\_\_ Curing
- \_\_\_ Acidification (sushi, etc)
- \_\_\_ Reduced Oxygen Packaging (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
- \_\_\_ School with pre-school aged children

Will any undercooked foods be offered on the menu that will require a consumer advisory?

\_\_\_\_\_

**COLD STORAGE**

Walk in cooler (Y/N) \_\_\_\_\_

Walk in freezer(Y/N) \_\_\_\_\_

Number of reach-in refrigerators \_\_\_\_\_

Number of reach-in freezers \_\_\_\_\_

**HOT HOLDING**

Meats	Vegetables	Starches	Soups

**COLD HOLDING**

Meats	Vegetables	Fruit

**COOLING**

Indicate by checking the appropriate boxes how cooked food will be cooled to 45°F 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°F	<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.

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

Type of food	How it arrives	Food Stored	How food handled	When will it be handled
Ready to Eat (edible w/o additional preparation)				
Produce Handling				
Poultry Handling				
Meat Handling				
Seafood Handling				

**DRY STORAGE**

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

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Where will dry goods be stored?

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**WATER SUPPLY**

1. Is water supply: Municipal  Well  Is sewer: Municipal  Septic

2. Will ice: be made on premises  or purchased

3. Water heater:

a. Manufacturer and model: \_\_\_\_\_

b. Storage capacity: \_\_\_\_\_ gallons

• Electric water heater: \_\_\_\_\_ kilowatts (kW)

• Gas water heater: \_\_\_\_\_ BTUs

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

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

## FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., quarry tiles, stainless steel, vinyl coated acoustic tile, fiberglass reinforced panel (FRP), vinyl coated tiles)

<b>Area</b>	<b>Floor</b>	<b>Base</b>	<b>Walls</b>	<b>Ceiling</b>
Food Prep				
Cook line				
Dish wash area				
Food storage				
Dry storage				
Waitress area				
Garbage storage				
Service Sink				
Toilet Rooms				
Dressing Room				
Dining Room				



**SEWAGE DISPOSAL**

Food establishment drainage systems, including grease traps, that convey sewage shall be designed and installed according to Law.

A plumbing system shall be installed to preclude backflow of a solid, liquid or gas contaminant into the water supply system at each point of use at the Food Establishment, including on a hose bibb if a hose is attached or on a hose bib if a hose is not attached and backflow prevention is required by Law, by providing an air gap or installing an approved backflow prevention device.

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"/>
Warewashing machine	<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"/>
Ice machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink machine	<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"/>
Steam table	<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"/>
Handwash sinks	<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:  Quaternary Ammonia:  Hot Water:  Iodine:

**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

**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:

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2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

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**HANDWASHING**

Indicate the number and location of handwashing sinks:

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**EMPLOYEE ACCOMMODATIONS**

Indicate location for storing employees' personal items and medications:

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**REFUSE AND RECYCLABLES**

1. Will refuse be stored inside: Yes  No  (All trash cans not in use must have a lid)
2. Provision for refuse disposal: Dumpster  Rolling Carts  Compactor
3. Provision for cleaning dumpster/carts/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, oyster shells, etc.):

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**SERVICE SINK**

1. Location and size of service (mop) sink/can wash:

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2. Is a separate mop storage area provided? Yes  No  If yes, describe type and location:

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**INSECT AND RODENT CONTROL**

1. How is protection provided on all outside doors? Check all that apply:

Self-closing  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:

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All wiping cloths must be stored in a properly mixed and labeled sanitizing solution when not in use.

**POISONOUS OR TOXIC MATERIALS**

Indicate location of poisonous and/or toxic materials (chemicals, sanitizer, etc.) storage. All chemicals must be labeled with their common name.

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