



JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

309 East Market Street, Smithfield, NC 27577

Phone: 919-989-5180 Fax: 919-989-5190

PROCEDURE FOR THE SUBMISSION OF A PLAN REVIEW APPLICATION FOR A FOOD SERVICE ESTABLISHMENT:

All 5 of the following items are required in order to conduct a plan review.

1. Fully complete the plan review application package-be sure to include a phone number for a contact person who can answer questions.
2. Provide a drawing showing location and description of equipment. This must be drawn to scale such as $\frac{1}{4}'' = 1'$.
3. Provide a menu. Please include explanation of unique dishes.
4. Provide all equipment specification sheets for the facility.
5. Plan review fee must be paid at the time of submission of the entire application package. Fee schedule as follows:

RESTAURANTS \$250

FOOD STANDS/MEAT MARKETS/CATERING OPERATIONS ETC. \$250

MOBILE FOOD UNITS & PUSHCARTS \$250

Food Establishment Plan Review Application

General Information:

Name of Establishment: _____

Establishment's Address: _____

Phone if Available: _____

Name of Applicant: _____

Mailing Address: _____

Telephone Number: _____

Contact Person: _____

Telephone Number and Email Address: _____

Operational Information:

Hours of Operation:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Number of Seats: _____

Number of Staff: _____

Restaurant _____

Buffet: YES _____ NO _____

Foodstand (Take Out Only) _____

Meat Market _____

Caterer _____

Mobile Food Unit/Push Cart _____

Total Square Footage of the facility: _____

Note: This calculation must include the square footage of the entire kitchen area, food preparation areas, walk-in unites, storage rooms, bare areas and any other related area(s) to be associated with the facilities operation.

Square Footage does not apply to a Restaurant

Have you included the following documents?

_____ Proposed menu

_____ Scale drawing of facility lay out

Note: Be sure to include location of panel box, hot water heater, air handling unit, bag-n-box drink unit and any other item occupying space in the kitchen lay-out.

Water Heater:

1. Water heater storage capacity. (_____ Gallons Storage)
2. Water heater recovery rate in gallons per hour at a 100F temperature rise.
(_____ Gallons per hour) **see worksheet**
3. Are laundry facilities located on premises? YES NO

Water Supply & Sewage Disposal:

1. Is water supply: public well
2. Is building connected to: municipal sewer on-site septic system

Storage:

1. How much dry storage do you have? _____ sq. feet
2. Please indicate location of:
Dry food storage: _____
Single service storage: _____
Paper products: _____
Chemicals/cleaning products: _____
Personal & office items: _____
Linen (if applicable): _____

Garbage and Refuse:

1. Will the facility have:
Dumpster(s) with lids? YES NO
Trash can(s) with lids? YES NO
Grease storage receptacle? YES NO
Can wash cleaning facility? YES NO
Off-site contracted cleaning service for dumpsters? YES NO
2. Location where dumpster(s)/compactor/can(s) will be stored. _____

Pest Control:

1. Do you have a pest control company? YES NO
2. If no, please explain pest management procedures. _____

3. Are outside doors self closing? YES NO
4. Do you have a fly fan? YES NO
5. If no, please explain procedure for controlling flies in the facility. _____

Finish Schedule:

Applicants must fill in materials (ie: quarry tile, stainless steel, FRP, etc)

	FLOOR	BASE	WALLS	CEILING
Kitchen	(_____)	(_____)	(_____)	(_____)
Bar	(_____)	(_____)	(_____)	(_____)
Food Storage	(_____)	(_____)	(_____)	(_____)
Toilet Rooms	(_____)	(_____)	(_____)	(_____)
Dressing Rooms	(_____)	(_____)	(_____)	(_____)
Refuse Storage	(_____)	(_____)	(_____)	(_____)
Mop Area	(_____)	(_____)	(_____)	(_____)

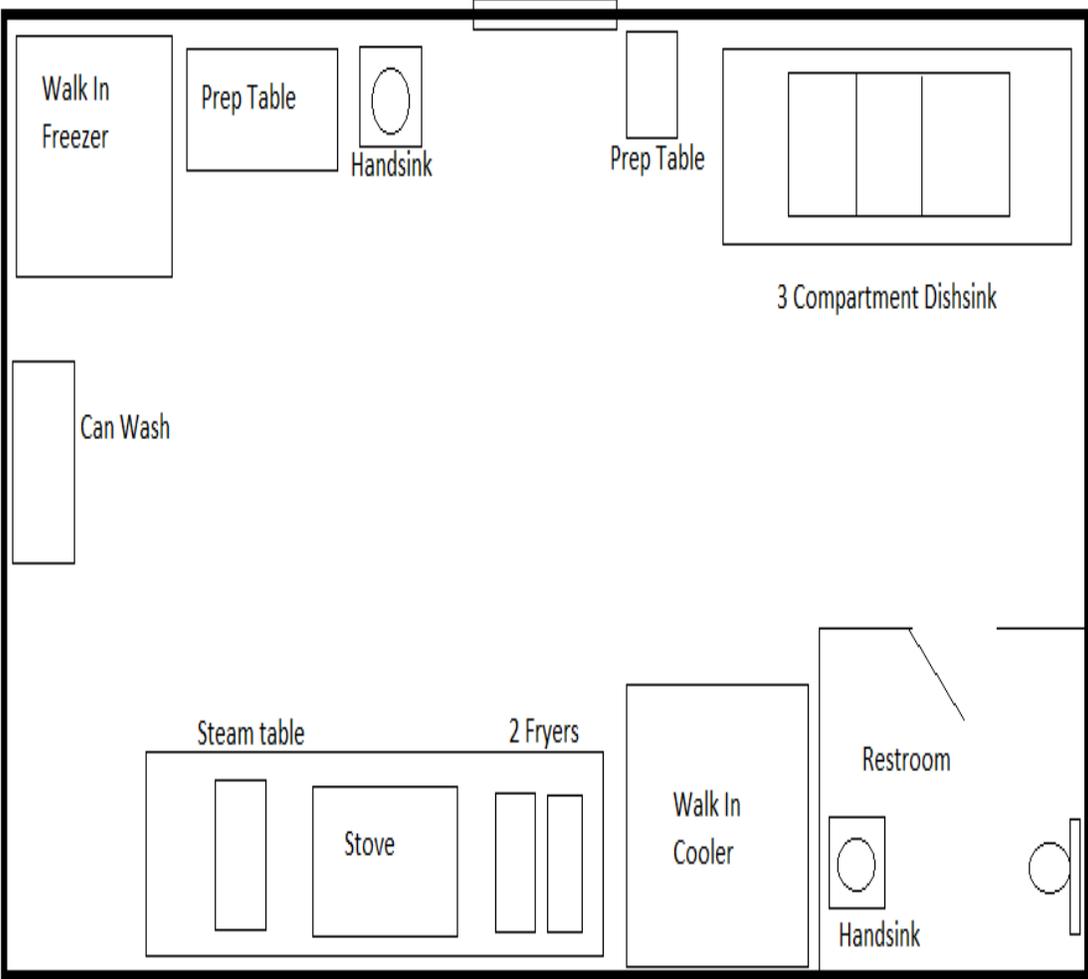
STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify the approval.

Signature(s) _____
Owner(s) or Responsible Representative(s)

Date: _____

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the state laws governing food service establishments.

Example of a set of plans drawn to scale:



Water Heater Calculation Worksheet:

Equipment:	Quantity	x	Size	GPH
One Comp. Sink	_____	x	__by__by__ = _____	
Two Comp. Sink	_____	x	__by__by__ = _____	
Three Comp Sink	_____	x	__by__by__ = _____	
Four Comp Sink	_____	x	__by__by__ = _____	
One Comp PrepSink	_____	x	5 GPH = _____	
Two Comp PrepSink	_____	x	10 GPH = _____	
Three Comp PrepSink	_____	x	15 GPH = _____	
Three Comp Bar Sink	_____	x	__by__by__ = _____	
Four Comp Bar Sink	_____	x	__by__by__ = _____	
Handsink	_____	x	5 GPH = _____	
Pre-Rinse	_____	x	45 GPH = _____	
Can Wash	_____	x	10 GPH = _____	
Mop Sink	_____	x	5 GPH = _____	
**Dishmachine	_____	x	Note#1 = _____	
**Cloth washer	_____	x	Note #2 = _____	
**Hose Reel	_____	x	Note #3 = _____	
Other Equipment	_____	x	_____ = _____	
TOTAL of 140 GPH Recovery Requirements:				= _____

Note #1: Dishwasher Calculations

(_____ gals/hr. Final Rinse x 70%)=_____

Note #2: Cloth Washer Calculations

Limited Use: Washer used 1 to 2 times per day, start and end day

GPH = 60GPH x 25%

Intermediate Use: Washer used every 4 hours

GPH = 60 GPH x 45%

Heavy Use: Washer used once every 2 hours

GPH = 60 GPH x 80%

Continuous Use: Washer used every hour

GPH = 60 GPH x 100%

Note #3 Hose Reel Calculations

20 GPH for first reel and 10 GPH for each additional