



M E M O R A N D U M

TO: Proposed facilities within the counties of Camden, Chowan,  
Currituck, Pasquotank, Perquimans, Bertie, and Gates

FROM: Environmental Health Services of Albemarle Regional Health Services

SUBJECT: Application process for plan and review of new facilities

Pasquotank

Perquimans

Environmental Health Services would like to welcome you and your facility to our seven county district. Please take a moment to review the following checklist to assist you with obtaining the required permits to begin your future business.

Camden

- Contact the local County Planning and Zoning and Building Departments within the area you propose to have your facility to ensure the facility meets proper codes.
- Visit [www.deh.enr.state.nc.us/](http://www.deh.enr.state.nc.us/) and click on *Environmental Health* to review the rules that will apply to your proposed facility.

Chowan

Currituck

For food Service facilities or other facilities that will include the serving of food, click on *Dairy and Food Protection* and then *Food and Lodging Plan Review Unit* and download, print and submit the Food Establishment Plan Review Application.

Bertie

Gates

All other facilities must submit floor plans and site plans and completed Environmental Health Services Application for New Facilities. The plans should be a minimum of 11x14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot. This is to allow for ease in reading.

For those without internet capabilities, please contact (252) 338-4490 to request a hard copy of the rules or applications needed.

- A nonrefundable payment in the amount of \$200 must be included with submission of application for plan and review. A check or money order may be made to ARHS.

If you have any questions, comments, and/or concerns do not hesitate to contact this department. Our offices are open between the hours of 8:00 a.m. – 5:00 p.m., Monday – Friday. You may contact our department at (252) 338-4490 and someone will assist you with the contact information for the local Environmental Health Specialist in your area.

Again, this department welcomes you to our district and looks forward to working with you and your staff.

Jerry Parks, MPH, Health Director

P.O. Box 189 • 711 Roanoke Avenue • Elizabeth City, North Carolina 27907-0189

Tel: 252-338-4400 • Fax: 252-338-4449



ENVIRONMENTAL HEALTH SERVICES  
**APPLICATION FOR NEW FACILITIES**

APPLICANT INFORMATION

NAME: \_\_\_\_\_ **Pasquotank**  
MAILING ADDRESS: \_\_\_\_\_ **Perquimans**  
\_\_\_\_\_ **Camden**  
TELEPHONE NUMBER: \_\_\_\_\_ **Chowan**

FACILITY INFORMATION

NAME: \_\_\_\_\_ **Currituck**  
TYPE: \_\_\_\_\_ **Bertie**  
\_\_\_\_\_ **Gates**  
\_\_\_\_\_ FOOD HANDLING (Number of Seats: \_\_\_\_\_)  
\_\_\_\_\_ CHILD CARE (Number of Children: \_\_\_\_\_)  
\_\_\_\_\_ LODGING (Number of Rooms: \_\_\_\_\_)  
\_\_\_\_\_ PUBLIC POOL  
\_\_\_\_\_ OTHER: \_\_\_\_\_

FACILITY: \_\_\_\_\_ NEW \_\_\_\_\_ EXISTING

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

WATER SUPPLY: \_\_\_\_\_ PUBLIC \_\_\_\_\_ WELL

WASTEWATER SUPPLY: \_\_\_\_\_ PUBLIC SEWER \_\_\_\_\_ SEPTIC SYSTEM

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

METHOD OF PAYMENT: \_\_\_\_\_

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**N.C. Department of Environment and Natural Resources  
Division of Environmental Health  
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: \_\_\_ - \_\_\_ - \_\_\_

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

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

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

Telephone: \_\_\_ - \_\_\_ - \_\_\_        Fax: \_\_\_ - \_\_\_ - \_\_\_

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

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Applicant: \_\_\_\_\_

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

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

Telephone: \_\_\_ - \_\_\_ - \_\_\_        Fax: \_\_\_ - \_\_\_ - \_\_\_

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

Title (owner, manager, architect, etc.): \_\_\_\_\_

**I hereby 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 to be 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):  Plates  Glassware  Silverware

Meat Market

Multi-use (reusable):  Plates  Glassware  Silverware

Other (explain): \_\_\_\_\_

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

- 1.  Meat
- 2.  Seafood
- 3.  Poultry
- 4.  Other (explain): \_\_\_\_\_

**COLD STORAGE**

**Provide the method used to determine cold storage requirements:** \_\_\_\_\_

Provide total cubic-feet of space dedicated to walk-in cold storage:

- a) Walk-in Refrigeration storage \_\_\_\_\_
- b) Walk-in freezer storage \_\_\_\_\_

Provide total cubic-feet of space dedicated to reach-in cold storage:

- a) Reach-in refrigeration storage \_\_\_\_\_
- b) Reach-in freezer storage \_\_\_\_\_

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

**THAWING**

Indicate by checking the appropriate box how potentially hazardous food (PHF) 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 <sup>0</sup> F (21 <sup>0</sup> C)	<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"/>

**HOLDING**

How will hot potentially hazardous food (PHF) be maintained at 140<sup>0</sup> F (60<sup>0</sup> C) or above during holding for service? Indicate type and number of hot holding units.  
\_\_\_\_\_

How will cold potentially hazardous food (PHF) be maintained at 45<sup>0</sup> F (7<sup>0</sup> C) or below during holding for service? Indicate type and number of cold holding units.  
\_\_\_\_\_

List any food that will be held between 45<sup>0</sup>F (7<sup>0</sup>C) and 140<sup>0</sup>F (60<sup>0</sup>C) for any of the following that apply, and indicate how long the food will be held in each category.

**STORAGE:**

**DISPLAY:**

**SERVICE:**

**COOLING**

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 45<sup>0</sup> F (7<sup>0</sup> C) 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"/>

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? \_\_\_\_\_

## FOOD PREPARATION PROCEDURES

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

If your company has developed food preparation procedures, they should be submitted.

### 1. PRODUCE PREPARATION PROCEDURE

- a. Will produce be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling produce? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

\_\_\_\_\_

### 2. SEAFOOD PREPARATION PROCEDURE

- a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling seafood? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

\_\_\_\_\_

### 3. POULTRY PREPARATION PROCEDURE

- a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling poultry? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

\_\_\_\_\_

**4. PORK and/or RED MEAT PREPARATION PROCEDURE**

- a. Will meat be washed, rinsed or otherwise handled prior to use?    Yes     No
- b. Is there a location used for washing, rinsing or handling pork and/or red meat?    Yes     No
- c. Will it be used for other operations?    Yes     No

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

\_\_\_\_\_

**DRY STORAGE**

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

Provide total square feet of shelf space dedicated to dry storage: \_\_\_\_\_

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**

1. Is water supply: Municipal  Well  Is sewer: Municipal  Septic
2. Will ice: be made on premises  or purchased
3. Water heater make and model: \_\_\_\_\_
4. Water heater storage capacity: \_\_\_\_\_ gallons.
5. Water heater recovery rate (gallons per hour at 100°F temperature rise): \_\_\_\_ gallons per hour.  
**(See Water Heater Calculation Worksheet – Page 9 to calculate recovery rate needed)**
6. Check the appropriate box for indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Dishwasher	<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"/>
Food Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensil/Pot Wash Sinks	<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"/>
Other	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**DISHWASHING FACILITIES**

**a. Hand dishwashing**

- 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 the procedure of how cooking equipment, cutting boards, 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  
 \_\_\_\_\_  
 Provide total square feet of air drying space: \_\_\_\_\_

**HANDWASHING/TOILET FACILITIES**

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area? Yes  No

**EMPLOYEE AREA**

Is space provided for employee’s personal items? Yes  No   
If so, describe location:  
\_\_\_\_\_

## GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes  No   
If so, 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. Specify location and size of area for washing of garbage cans and storage of mops:  
\_\_\_\_\_
2. Is a separate mop basin provided? Yes  No   
If so, describe type and location: \_\_\_\_\_
3. Indicate location of cleaning chemical system and chemical storage:  
\_\_\_\_\_

## INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? Yes  No
2. How is fly protection provided on all outside doors?  
Self-closing door  Fly Fan  Screen Door
3. How is fly protection provided on windows?  
Self-closing  Fly Fan  Screening
4. Indicate location of insecticide/rodenticide storage:  
\_\_\_\_\_
5. Location of clean linen storage:  
\_\_\_\_\_
6. Location of dirty linen storage:  
\_\_\_\_\_

## WATER HEATER SIZING

Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size	=	GPH
One-Comp. Sink (See Note)		<b>X</b>	x x	=	
Two-Comp. Sink (See Note)		<b>X</b>	x x	=	
Three-Comp. Sink (See Note)		<b>X</b>	x x	=	
Four-Comp. Sink (See Note)		<b>X</b>	x x	=	
One-Comp. Prep Sink		<b>X</b>	5 GPH	=	
Two-Comp. Prep Sink		<b>X</b>	10 GPH	=	
Three-Comp. Prep Sink		<b>X</b>	15 GPH	=	
Three Comp. Bar Sink (See Note)		<b>X</b>	x x	=	
Four Comp. Bar Sink (See Note)		<b>X</b>	x x	=	
Hand Sink		<b>X</b>	5 GPH	=	
Pre-Rinse		<b>X</b>	45 GPH	=	
Can Wash		<b>X</b>	10 GPH	=	
Mop Sink		<b>X</b>	5 GPH	=	
Dishmachine		<b>X</b>	GPH = 70% of "Final Rinse Usage"	=	
Cloth Washer		<b>X</b>	15 GPH	=	
Hose Reel		<b>X</b>	5 GPH	=	
Other Equipment		<b>X</b>		=	
Other Equipment		<b>X</b>		=	
Gallons per hour (GPH) <b>Recovery Rate</b> needed (based on 100 <sup>0</sup> F temperature rise)				<b>Total</b>	

<b>Note:</b>	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