



# RESTAURANT CHANGE OF OWNERSHIP

For NEW OWNERS of existing restaurants PLEASE READ!

If you are taking ownership of an existing restaurant

PLEASE BE ADVISED:

1. DO NOT ASSUME an existing space or building that once operated as a restaurant or currently operates as a restaurant meets current code requirements.
2. There is no “grandfather clause” in the NC Food Code for existing equipment OR finish surfaces on floors, walls and ceilings.
3. IT IS STRONGLY SUGGESTED new owner(s) or agents operating on their behalf, contact the Iredell County Environmental Health Department and other code officials to ASK QUESTIONS about any additional construction and design requirements regarding equipment, plumbing, electrical, mechanical, fire, sewage, grease interceptor or building codes BEFORE purchasing or leasing an existing food service establishment.





## IREDELL COUNTY ENVIRONMENTAL HEALTH

### FOOD SERVICE ESTABLISHMENT PLAN REVIEW CHECKLIST

**Plans must hard copy, a minimum of 11 x 14 inches with the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. Digital plans are not accepted.**

**Plans MUST be submitted along with the following items:**

1. A thoroughly complete Food Service Plan Review Application
2. Proposed menu
3. Manufacturer specifications sheets for each piece of equipment (corresponding to site plan), including water heater  
\*All equipment with exception of microwaves, mixers, and pop-up toasters must be NSF listed, UL classified for sanitation (EPH), ANSI, CE (European) or must be constructed to meet NSF standards
4. A \$250.00 Plan Review Fee (Note 3% surcharge added for credit card purchases.)

**Plans and specifications should include:**

1. Location of all food service equipment with each piece of equipment numbered, with a corresponding (numbered) spec sheet. If spec sheets include more than one piece of equipment, identify which is the relevant item.
2. Location of refrigeration and hot holding equipment, prep tables, shelving, wall mounted shelves, hood
3. Location of dishwashing facilities, including air drying shelves and racks
4. Separate food preparation sinks (when menu dictates) labeled & located to prevent cross-contamination of raw & ready to eat foods.
5. For sushi bars, location of separate hand sink and food prep sink
6. Hand washing facilities designated for food preparation areas, dishwashing area, bars, and toilet facilities.
7. Location of all ice machines.
8. Location of wait stations and customer self-service areas or buffets.
9. Location of storage rooms, basements, cellars, attics used for storage of any dry goods, paper goods, and toxic chemicals. *Please note* – All shelving shall be installed with least 6" of clearance between bottom edge of shelf and the floor (for stationary units).
10. Toilet facilities.
11. Employee dressing room or locker area.
12. Finish schedule for each room including floors, walls, ceilings, & coved juncture bases.
13. Plumbing schedule to include:
  - a. Floor drains / floor sinks
  - b. Mop sink/can wash location  
*Suggested:* combination faucet, hot & cold water, threaded nozzle, approved backflow prevention, a 3'x 3' curbed impervious pad, sloped to drain.  
– with easily cleanable & non-absorbent walls.
  - c. Potable water supply lines
  - d. Waste water lines
  - e. Hot water generating equipment
  - f. Grease trap and/or grease interceptor location
14. Electrical layout and location of electrical panels.
15. Site plan to include:
  - a. Dumpster pad location. All dumpsters and recycling containers must be placed on an impervious pad sloped to drain
  - b. Grease storage container location
  - c. Entrances and exits
  - d. Loading and unloading areas

**REQUIREMENTS CAN BE FOUND AT:**

NC Food Code Manual <http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>  
.2600 Rules for Food Establishments <http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf>

**\*Detach this page for your reference\***

IT IS HIGHLY RECOMMENDED YOU SPEAK WITH AN INSPECTOR BEFORE SUBMITTING THIS APPLICATION. PLEASE CALL BETWEEN 8-9AM.

**\*\*Trade permits are required for changes in plumbing, addition of plumbed equipment, changes/additions in electrical circuiting, mechanical, or the building interior or exterior structure. All work must be performed by a licensed contractor. For grease interceptor requirements, contact local municipality\*\***

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office

349 North Center Street
Statesville, NC 28677
704-878-5305 x 3456 (phone)
704-871-3483 (fax)



Public Health
Prevent. Promote. Protect.

Iredell County Health Department
www.co.iredell.nc.us

Mooresville Office

610 East Center Avenue
Mooresville, NC 28115
704-660-3625 (phone)
704-662-3239 (fax)

Food Service Establishment Plan Review and Permit Application\*

\*\*\*DO NOT LEAVE ANY BLANK SPACES. WRITE N/A IF NON-APPLICABLE.\*\*\*

Type of Plan Review: [ ] NEW CONSTRUCTION [ ] REMODEL [ ] CHANGE OF OPERATOR

Name of Establishment:
Physical Address: City: Zip
Mailing Address of Establishment:
Phone (if available): Fax:
Manager / Person in Charge:
Phone(s): Email:

Applicant (if different than Owner):
Address: City: State: Zip:
Phone (s): Email:

Owner or Owner's Representative:
Address: City: State: Zip:
Phone (s): Email:

Establishment is owned by: Association \_\_\_ Corporation \_\_\_ Individual \_\_\_
Partnership \_\_\_ Other Legal Entity \_\_\_

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers and the local resident agent if one is required based on the type of legal ownership.

If food service facility is on a septic system or a well, approval must be granted from the Health Department prior to submission of this application. Please contact the Onsite Water Protection Environmental Health Specialist in the appropriate office.

FACILITY INFORMATION:

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

Total Square Footage of Facility: Seating: Total Number (includes outdoor seating):

Own a restaurant in another County??

\* Please note that franchised or chain facility applications will be reviewed by the State, pursuant to G.S. 130-248 – thus waiting & approval times are not controlled by Iredell County.

**Hours of Operation:**

Sun	Mon	Tue	Wed	Thur	Fri	Sat

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

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

**TYPE OF FOOD SERVICE: CHECK ALL THAT APPLY**

- Restaurant                       Sit-down meals                       Take-out meals                       Catering
- Food Stand                       Buffets or Customer Self-Service Areas                       Commissary
- Drink Stand                       Meat Market                       Mobile Food Unit
- Limited Food Service (*Amateur Athletics*)                       Limited Food Service (**Lodging**)

**Customer Utensils:**

- Single-service (disposable):     Plates     Glassware     Silverware
- Multi-Use (reusable):             Plates     Glassware     Silverware

**FOOD SERVICE METHODS:**

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

- Reduced Oxygen Packaging (i.e. vacuum packaging, sous vide, cook-chill)
- Smoking                       Acidification (sushi rice, chow chow, etc.)
- Curing                       Sprouting Seeds or Beans                       Other

Explain checked processes: (Attach HACCP Plan)

Are you requesting a variance per Food Code 3-502.11? Yes \* No  \*If yes, attach Variance application

Will any food additives be used? (MSG, sulfites, food dyes, etc) Yes \* No

\*If yes, please explain: \_\_\_\_\_

Will any meats be par cooked? Yes \* No  \*If yes, please attach SOP for process.

Will any meats, seafood, shellfish, poultry or eggs be served or sold raw or undercooked? Yes \* No

\*If yes, please indicate which items: \_\_\_\_\_

Will sushi or sashimi be served? Yes \* No

\*If yes, indicate supplier of fish: \_\_\_\_\_

How will parasites be destroyed? (per Food Code 3-402.11): \_\_\_\_\_

Will any foods be packaged for retail sale (i.e. grab-n-go sandwiches, soups, salads, etc)? Yes \* No

\*If yes, please indicate which items: \_\_\_\_\_

Indicate any of the following **highly susceptible populations** that will be catered or served:

- Nursing Home                       Child Care Center                       Health Care Facility
- Assisted Living Center                       School with pre-school aged children

**Cubic-feet of REACH-in cold storage:**

Reach-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Reach-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

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

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

**Cubic-feet of WALK-in cold storage:**

Walk-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Walk-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

**HOT HOLDING:** Indicate foods that will be hot held and equipment used (steam table, hot cabinet, etc.)

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**COLD HOLDING:**

**In-Use:** Indicate foods that will be cold held while in-use and equipment used (make lines, prep units, etc.)

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**Storage:** Indicate foods that will be cold held in storage and equipment used (reach-in units, walk-in units)

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What type of containers will be used to store cut vegetables, sauces, dry goods, etc.? \_\_\_\_\_

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**COOLING**

Indicate by placing an **X** in the appropriate boxes how cooked or prepped food will be cooled to 41°F (7°C) within 6 hours. If "Other" is checked indicate type of food.

Cooling Process	Meat	Seafood	Poultry	Sauces	Soups	Cut Produce	Other _____
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THAWING**

Indicate by placing an **X** in the appropriate boxes how food in each category will be thawed. If "Other", indicate type of food.

Thawing Process	Meat	Seafood	Poultry	Other _____	Other _____	Other _____
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water (less than 70°F (21°C))	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<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 including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) and how the food will be handled (washed, cut, marinated, breaded, etc.)
- When (time of day and frequency/day) food will be handled
- What equipment will be used to cook or reheat (if applicable)

**1. READY-TO-EAT FOOD HANDLING** (edible without additional cooking - this includes items such as deli meats, cheeses, sandwiches, deli salads, or pre-cooked items.)

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If offering deli meats & cheeses, will you slice them in-house?    Yes        No   

**2. PRODUCE HANDLING**

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**3. POULTRY HANDLING**

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**4. MEAT HANDLING**

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**5. SEAFOOD HANDLING**

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**DISHWASHING FACILITIES**

a. **Hand Dishwashing:** Sink bays must be large enough to accommodate largest utensil.

- 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 dish machine be used? Yes  No   
Dish 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 & other food contact surfaces that **cannot be submerged in sinks or put through a dishwasher** will be cleaned & sanitized:  
\_\_\_\_\_  
\_\_\_\_\_
- 2. How will in-use sanitizer be held?  Buckets with towel  Spray bottles  Other  
Type of sanitizer used: Chlorine  Quaternary Ammonium   
\_\_\_\_\_  
\_\_\_\_\_
- 3. Describe location & type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Square feet of air drying space: \_\_\_\_\_ ft<sup>2</sup>
- 5. Will any dispensing utensils (i.e. scoops) for moist foods be stored in water? Yes \* No   
\*If yes, which method: Running water dipper well  Container of water above 135°F

**HANDWASHING FACILITIES**

Indicate number of **ALL** handwashing sinks (including restrooms): \_\_\_\_\_  
Indicate location(s) of handwashing sinks: \_\_\_\_\_  
\_\_\_\_\_

**BARS**

- Will a bar be located in facility? Yes  No
- Will utensils or glassware be washed at bar? Yes\*  No
- \*If yes, what is dishwashing method? Hand dishwashing  Mechanical   
Dish machine manufacturer & model number (if applicable): \_\_\_\_\_

**WATER SUPPLY - SEWAGE**

1. Is water supply:      Municipal\*     Well\*\*       If Well: Number of Connections: \_\_\_\_\_

\*Municipal Water Supply: City of Statesville \_\_\_\_\_ Town of Mooresville \_\_\_\_\_ Energy United \_\_\_\_\_  
 Town of Troutman \_\_\_\_\_ Iredell County Water \_\_\_\_\_ Aqua America \_\_\_\_\_  
 West Iredell Water \_\_\_\_\_ Other \_\_\_\_\_

Is sewer:                      Municipal     Septic\*\*

**\*\*Have applications been submitted to Health Dept. for well and septic approval?** Yes  No

2. Will ice be:    made on premises     **OR**    purchased

3. Water Heater:                      **\*All Calculations are based on an 80°F temperature rise\***

**Tank type:**

- a. Manufacturer and model: \_\_\_\_\_
- b. Storage capacity: \_\_\_\_\_ gallons  
 Electric water heater: \_\_\_\_\_ kilowatts (kW)       Gas water heater: \_\_\_\_\_ BTUs
- c. Water heater recovery rate: \_\_\_\_\_ GPH (gallons per hour)  
 (Please use Water Heater Calculation Chart on next page **OR** use this link  
<http://ehs.ncpublichealth.com/faf/food/planreview/app.htm> & select *Water Heater Sizing Calculator*)

**Tankless:** (use link above to calculate, print & include results chart)

- a. Manufacturer and model: \_\_\_\_\_
- b. Quantity of tankless water heaters: \_\_\_\_\_
- c. Water heater recovery rate (: \_\_\_\_\_ GPM (gallons per minute)

4. Place an X in the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Utensil Washing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dish Machine	<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"/>
Garbage Disposal	<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"/>
Refrigeration	<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"/>
Other- _____				
Other- _____				



### WATER HEATER SIZING

Equipment	Quantity	Times	Size				=	GPH
One Comp Sink <i>See Note at Bottom</i>		X		x		x	=	
Two Comp Sink <i>See Note at Bottom</i>		X		x		x	=	
Three Comp Sink <i>See Note at Bottom</i>		X		x		x	=	
Four Comp Sink <i>See Note at Bottom</i>		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 <i>See Note at Bottom</i>		X		x		x	=	
Four Comp Bar Sink <i>See Note at Bottom</i>		X		x		x	=	
Pre-Rinse Sink/Sprayer		X	45 GPH				=	
Dishmachine 1		X	GPH = 70% of Final Rinse Usage				=	
Dishmachine 2		X	GPH = 70% of Final Rinse Usage				=	
Handsink		X	5 GPH				=	
Can Wash		X	10 GPH				=	
Mop Sink		X	5 GPH				=	
Cloth Washer		X	15 GPH				=	
Hose Reel		X	5 GPH				=	
Other Equipment -		X					=	
Other Equipment –		X					=	
<b>Gallons per hour (GPH) Recovery Rate needed based on 80°F temperature rise</b>							<b>Total</b>	

**NOTE: Calculation for Sinks**

**GPH =** (Sink size in cubic inches) x (# of compartments) x (0.003255/cubic inches)

*Example: (24" x 24" x 14") x (3 compartments) x (0.003255) = 79 GPH*

**NOTE: Tankless Water Heaters**

Follow this link, select Water Heater Sizing Calculator, calculate usage, print chart & include with application.

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

**FINISH SCHEDULE**

Indicate floor, wall and ceiling finishes (e.g., 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 Sink/Can Wash				
Other – _____				
Other – _____				
Pass Thru Window	If window is provided, indicate surface material:			

**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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Square feet of dry storage shelf space: \_\_\_\_\_ ft<sup>2</sup>

Where will dry goods be stored?

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What type of shelving is provided in storage areas: \_\_\_\_\_

**EMPLOYEE AREA**

Indicate location for storing employees' personal items:

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**GARBAGE AND REFUSE**

- 1. Will refuse be stored inside? Yes  No   
If yes, where \_\_\_\_\_
- 2. Provision for garbage disposal: Dumpster  Compactor  Cans
- 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 any recyclables (cooking grease, cardboard, glass, plastic etc.): \_\_\_\_\_
- 5. Will a pad sloped to drain be placed under dumpsters, trash cans, recyclables, oil/grease containers?  
Yes  No

**CLEANING FACILITIES**

- 1. Location and size of can wash/mop storage area \_\_\_\_\_  
a. Will a water hose with a pistol grip/spray nozzle attached be used? \_\_\_\_\_
- 2. Is a separate mop basin provided? Yes  No   
a. If yes, describe type and location: \_\_\_\_\_
- 3. Location of chemical storage: \_\_\_\_\_
- 4. Location of clean linen storage: \_\_\_\_\_
- 5. Location of dirty linen storage: \_\_\_\_\_

**INSECT AND RODENT PREVENTION AND CONTROL**

- 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 that open, including drive thru?  
Self-closing  Fly Fan  Screens
- 3. Will any insect control devices (i.e. zapper) be installed? Yes\*  No   
\*If yes, please indicate location: \_\_\_\_\_
- 4. Location of insecticide/rodenticide storage: \_\_\_\_\_

**I ATTEST THE FOLLOWING:**

- I HAVE SUBMITTED A SCALE DRAWING OF THE PROPOSED FACILITY (1/4 IN. = 1FT) & THE LOCATION OF EQUIPMENT IS SHOWN ON THE PLANS
- I HAVE SUBMITTED A NUMBERED EQUIPMENT LIST & RESPECTIVELY NUMBERED MANUFACTURER SPEC SHEETS FOR EACH PIECE OF EQUIPMENT (INCLUDING WATER HEATER)
- I HAVE SUBMITTED A PROPOSED MENU
- I HAVE PAID THE PLAN REVIEW FEE OF \$250.00

CONSTRUCTION OR RENOVATION MAY NOT BEGIN UNTIL PLANS HAVE BEEN APPROVED. I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM THE IREDELL COUNTY HEALTH DEPARTMENT MAY NULLIFY PLAN APPROVAL.

*Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of \$50 to defray a portion of the costs of processing the refund.*

**Signature:** \_\_\_\_\_  
(Owner or Responsible Representative)

**Date:** \_\_\_\_\_