



Cleveland County

NORTH CAROLINA

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

***Zoning approval is required prior to submitting this application.

Plan Review requires \$250 for new construction, remodeling or additions of existing establishment ONLY

No Charge for the actual permit to operate.

This application must be completed in its entirety with supporting documents attached, or review will be significantly delayed.

Zoning Approval

Site and Building Plans **Drawn to Scale**

Proposed Menu

Specification Sheets for **All** Equipment

Type of Construction:

New

Remodel/Addition(s)

Name of Establishment: _____

Establishment Address: _____

City: _____ State: NC Zip: _____

Telephone Number: _____

Email: _____

Owner/Corporate Name: _____

Manager/Person-in-Charge: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email: _____

Owner of Building: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email: _____

Type of food service establishment: (check/complete all that apply)

- Restaurant with seating: Number of seats: _____ Square footage: _____
- Food Stand: Square footage: _____ (No more than 8 seats, *Ref. Session Law 2015-104*)
- Commissary Sit-down Meals
- Meat Market Take-out Meals
- Education Food Service Catering/ Delivery
- School Lunchroom Customer Self-Service Buffet/Bar
- Elderly Nutrition Site, Prepared On-site
- Other: (ex: hot bar, sushi bar, salad bar) _____

Daily Hours of Operation:

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

Meals Prepared: (check all that apply)

- Breakfast Lunch Dinner

Water Supply and Sewage:

- Water supply: Public/Municipal Private Water Supply
- Sewer: Public/Municipal On-site Wastewater System

Will a grease trap/interceptor be provided? Yes No

Will ice be: Made on premises Purchased

Water heater(s):

Tank type:

- a. Manufacturer and model: _____
- b. Storage capacity: _____
- Electric water heater: _____ kilowatts (kW) Gas water heater: _____ BTU's

Tankless:

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

Hot water heaters will need to be sized based on the fixtures in the facility, the capacity will be determined using the sizing calculator provided by the NCDHHS Plan Review unit.

<https://ehs.dph.ncdhhs.gov/faf/food/planreview/app.htm>

Check the appropriate box indicating equipment drains:

	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Plumbing Fixtures				
Warewashing 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"/>
Handwashing Sinks	<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"/>
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: _____	<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"/>

Refuse and Recyclables:

Will refuse be stored inside? Yes No

If yes, where: _____

Provision for refuse disposal: Dumpster Compactor

Will a contract for off-site cleaning of the dumpster/compactor be obtained? Yes No

If yes, indicate the name of the cleaning contractor: _____

Will the dumpster/compactor be cleaned at the establishment? Yes No

Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc)

Warewashing Equipment:

Manual Warewashing:

Size of each compartment (inches) Length _____ Width _____ Depth: _____

**A 3-compartment utensil sink is required.*

What type of sanitizer will be used?

Chlorine Quaternary Ammonium Hot Water Iodine Other (specify) _____

Mechanical Warewashing:

Will a warewashing machine be used? Yes No

Warewashing machine manufacturer and model: _____

Type of sanitization: Hot water (180F) Chemical

Type of Utensils used:

Single-service (disposable):

Plates Glassware Silverware

Multi-use (reusable):

Plates Glassware Silverware

General:

Describe how cooking equipment, cutting boards, slicers, counter tops, other food contact surfaces and clean in place equipment that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

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

Specialized Processes:

Will specialized processes be used as specified in Section 3-502.11 of the North Carolina Food Code?

Yes No

If YES, indicate which processes will be used:

Curing Acidification Reduced Oxygen Packaging (e.g. Vacuum)
 Smoking Sprouting Beans Other _____

Explain checked processes:

Cold Storage Equipment:

The volume of cold storage must be adequate to maintain cold holding, the cooling and thawing of foods.

List what equipment will be provided for cold holding, cooling and thawing of foods:

Cold Holding:

List foods items that will be held cold:

Hot Holding Equipment:

List what equipment will be provided for hot holding foods:

Hot Holding:

List food items that will be held hot:

Cooling:

Indicate by checking the appropriate boxes how cooked food will be cooled to 41F within 6 hours.

If "Other" is checked indicate the 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"/>

(**Check only if rapid chill equipment such as blast chillers are provided.)

Thawing:

Indicate by checking the appropriate boxes how food in each category will be thawed.

If "Other" is checked indicate the 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 70F	<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 area 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 be 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, hot held, etc.)
- When (time of day and frequency/day) food will be handled?

1. Ready-to-eat-foods: *Edible without additional preparation necessary. e.g., salads, cold sandwiches, raw molluscan shellfish*

2. Produce, grains and pasta: *e.g., beans, rice, macaroni*

3. Poultry:

4. Meat:

5. Seafood:

Consumer Advisory:

Will raw animal foods be offered raw or undercooked? Yes No

If so, how are you going to advise the consumer of such hazards? (menu, table top tent, placard on wall)

Time as a Public Health Control (TPHC):

Will TPHC be used for Time/Temperature Control for Safety (TCS) foods? Yes No

If so, please submit a copy of the written procedures for review.

Dry Storage:

Dry storage space must be adequate for the storage of all dry goods (e.g. canned & bottled goods, single service items)

Where will dry goods be stored? _____

Finish Schedule:

Indicate floor, wall, ceiling, baseboard finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base Coving	Walls	Ceilings
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other: _____				
Other: _____				

Handwashing:

Indicate number and location of handwashing sinks:

Employee Accommodations:

Indicate location for storing employees' personal items (ex. coats, purses, medication, etc.)

Service Sink:

Location and size of service (mop) sink/can wash: _____
Describe location for storage of cleaning implements (e.g. mops, brooms, hoses, etc.)

Insect and Rodent Control:

How is protection provided on all outside doors?

- Self-closing door Fly Fan Screen Door

How is protection provided on windows (including drive-thru windows) or other openings to the outer air?

- Self-closing door Fly Fan Screening N/A

Linen:

Indicate location of clean and dirty linen storage: N/A (no linen storage on-site)

Poisonous and Toxic Material:

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:

Person-in-Charge (PIC):

Is the future PIC(s) a certified food protection manager from an accredited program? Yes No

If YES, please list name(s): _____

Employee Health Policy:

An Employee Health Policy or method of requiring employees to report symptoms and certain illnesses as described in 2-201.11 thru 2.201.13 of the North Carolina Food Code will be required. Please refer to Annex 2.2 in the following link: <http://ehs.ncpublichealth.com/faf/food/foodcodeannex.htm>

Vomit & Diarrhea Clean-Up Plan:

A Vomit & Diarrhea Clean-Up Plan as described in 2-501.11 of the North Carolina Food Code will be required.

To assure that your application is processed in a timely manner, you must submit a completed application, which includes the following:

- Zoning Permit
- Proposed menu
- Seating capacity
- Site Plan showing the following: all structures, property lines, wells, septic systems, and dumpster/ recycling bins.
- Building floor plan **drawn to scale** showing the location of the following: All sinks (dishsink, hand sink, food prep sink(s), mop sinks, etc.) refrigeration, prep tables, bathrooms, dining room, dry storage, chemical storage, and other equipment (e.g., deep fryer, slicer, ovens, hoods, etc).

Important basic design information:

All equipment shall be ANSI approved for commercial use or meet parts 4-1 & 4-2 of the NC Food Code. Exception: residential toasters, mixers, microwave ovens, and hot water heaters may be used. Manufacturer’s specification sheets for each piece of equipment should be included. At least one (1) hand wash sink shall be located in the food preparation area.

Plans shall be approved by the Cleveland County Environmental Health prior to initiating construction. Construction shall comply with approved plans. Any and all revisions made to plans after initial approval must be re-submitted.

Review and approval of these plans and specifications by the Cleveland County Environmental Health does not indicate compliance with any other federal, state, or local code, law or regulation. A pre-opening inspection of the establishment with equipment will be necessary to determine compliance with the local and state laws governing food service establishments. You will be responsible for obtaining approval from appropriate zoning and building inspection departments. Their numbers are included below to assist you.

ZONING / BUILDING INSPECTION

Shelby 704-484-6805
Kings Mountain 704-734-4599
Cleveland County 980-484-4975/4997

FIRE MARSHALLS

704-484-6816
704-734-0555
980-481-4841

If your business will be located in any jurisdiction other than those listed above, please check with your city manager and/or town hall for permitting assistance.

If the 250.00 plan review fee is required with this application then a completed application with payment should be submitted to the Cleveland County Permits office located at 1333 Fallston Road, Shelby, NC 28150.

Proposed opening date: _____

Date Application Submitted: _____

Applicant’s Signature: _____

APPLICATIONS CAN BE SUBMITTED IN PERSON OR BY MAIL TO:

Cleveland County Permits Office
1333 Fallston Road
Shelby, NC 28150

Please call 980-484-4779 to arrange for submission and payment of fees