

## APPLICATION FOR A TRANSITIONAL PERMIT

## For A Food Service Establishment

\*\*\*Zoning approval may be required prior to submitting this application.

Plan Review with a \$250 fee may be required for any new construction, remodeling or additions.

No Charge for actual transitional permits to operate.

Name of Establishment:					
Establishment Address:					
	City:		State:	NC	Zip:
Telephone Number:					
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 establi					
Restaurant with seating:	Number of seats:	Square	e footage:		
Food Stand: Square for	ootage:	(No more than 8 se	ats, Ref. S	ession La	w 2015-104)
Commissary		Sit-down Meals			
☐ Meat Market		☐ Take-out Meals			
☐ Education Food Service		☐ Catering/ ☐ Del	ivery		
School Lunchroom		Customer Self-Se	rvice But	ffet/Bar	
☐ Elderly Nutrition Site, Pr	epared On-site				
Other: (ex: hot har sushi	har salad har)				

Water Supply a	nd Sewage:				
Water supply:	☐ Public/Municipal	☐ Private Water Supply			
Sewer:	Public/Municipal	On-site Wastewater System			
General: Will the establish	hment be removing any of the e	xisting equipment?  Yes  No			
vviii tile establish	innent be removing any or the ex	visuing equipment. — Tes — Tvo			
	hment be adding new equipment de specification sheets for all ne				
	hment maintain the same menu of the existing or proposed menu	as the previous owner?  Yes  No with this application.			
	hment be conducting any new coreview with a \$250 fee may be	onstruction, remodeling, or additions?  Yes No required.			
with the local an	d state laws governing food est	with equipment will be necessary to determine compliance ablishments. You will be responsible for obtaining approval n departments. Their numbers are included below to assist			
ZONING / BUII	LDING INSPECTION	FIRE MARSHALLS			
Shelby 704-484-6		704-484-6816			
Kings Mountain		704-734-0555			
Cleveland County	y 980-484-4975/4997	704-481-4841			
	will be located in any jurisdictio own hall for permitting assistant	n other than those listed above, please check with your city ce.			
Propos	ed opening date:				
Date A	pplication Submitted:				
Applica	ant's Signature:				

APPLICATIONS CAN BE SUBMITTED IN PERSON OR BY MAIL TO:

Cleveland County Permits Office 1333 Fallston Road Shelby, NC 28150

Rev. 12/23