



Polk County Health & Human Services Agency

Economic Services | Public Health | Senior Services | Social Services | Public Transportation | Veteran Services

Plan Review Application for Food Establishments

Type of Application: <input type="checkbox"/> New Remodel Conversion Change of ownership	Project Start Date: _____ Projected Completion Date: _____
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Food Establishment Information

Name of Establishment: _____

Address: _____ City: _____ Zip Code _____

Ownership Information

Name of Owner: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone Number: _____

Applicant Information (Architect/ Project Manager)

Applicant Name: _____ Contact Person: _____

Address: _____ City: _____ Zip Code _____

E-Mail: _____ Phone Number: _____

Food Operation Information

Hours of Operation

Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____

Friday: _____ to _____ Saturday: _____ to _____ Sunday: _____ to _____

If seasonal, indicate the opening and closing dates: _____

Occupancy

Total # of Seats Indoor: _____ Total # of Seats Outside _____ Sq. Ft. of Facility _____

Type of Facility (Check all that Apply)

☐ On-site Consumption ☐ Off-site Consumption ☐ Catering ☐ Other _____

Supporting Documents

The following documentation must be submitted along with the completed application:

- └ Menu- Provide a list of all proposed food items and beverages to be sold.
Depending on the food item and preparation, a HACCP plan may be required.
- └ Plans of the facility to scale and a minimum of 11X14 inches
- └ Finish schedules for the floors, walls, ceilings and base coving if not included on the plans
- └ An equipment schedule or cut sheets that correlate to locations indicated on the plans.
- └ Attach a copy of the Employee Illness Reporting Procedure to be followed on-site.

Refer to the Plan Review Guide for further guidance. Copies are available on the Polk County website.

Signature of Applicant: _____ Date: _____

Print Name: _____ Title: _____

Polk County Health and Human Services
Environmental Health
35 Walker St., Columbus, NC 28722
(828)894-8271
Mailing: PO BOX 308, Columbus, NC, 28722



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Food Storage, Preparation and Processes

Indicate any **specialized processes** that will take place: ☐ Curing ☐ Acidification (sushi, etc.)

☐ Reduced Oxygen Packaging (Vacuum sealing) ☐ Smoking ☐ Sprouting Beans ☐ Other _____

Explain the checked special process(es): _____

Indicate any of the following **highly susceptible populations** you will be serving:

☐ Nursing Home ☐ Child Care Center ☐ Health Care Facility ☐ Assisted Living Center

☐ School with pre-school aged children

List amount of cold storage in cubic ft. that will be provided:

Refrigerated Storage: _____ ft³ Freezer Storage _____ ft³

How many reach in coolers will be provided and what types (flip top, make top, etc)

Will a walk in cooler unit be provided: _____ Will a walk-in freezer unit be provided: _____

* A sheet to calculate the total amount of refrigeration required can be found on the Polk County website.

What hot holding equipment will be utilized in the facility?

List all foods that will be cooked and cooled in advance of service and method used (i.e. Shallow Pans, Ice Baths, Blast Chiller, Ice Wands):

Will any foods be cooked, cooled and reheated on a previous day?

Provide a list of foods that will be thawed and the methods that will be used (i.e. Chicken-<70° running water, Soup-Ice Bath and Ice Wand etc.):

Provide a policy on handling of ready-to-eat (RTE) foods (i.e. Glove Use, Utensils to handle): _____

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Cooking Equipment

- What cooking equipment will be used in your facility (ovens, fryers, etc):
-
-

Food Handling Procedures

- Will raw meat or pork require cutting into smaller portions, thawing, washing, rinsing, etc. prior to cooking?
☐ Yes ☐ No
- Will raw poultry require cutting into smaller portions, skewering, thawing, washing, rinsing, etc. prior to cooking? ☐ Yes ☐ No
- Will raw seafood or fish require scaling, cutting into smaller portions or pieces, thawing, washing, rinsing, etc. prior to cooking? ☐ Yes ☐ No
- Will raw vegetables require cutting into smaller pieces, thawing, washing, rinsing, etc. prior to cooking?
☐ Yes ☐ No

Cooking Processes

Potentially hazardous foods requiring cooking shall be cooked to heat all parts of the food to a temperature of at least 135 F except as follows:

- Poultry, poultry stuffings, stuffed meats, and stuffings containing meat shall be cooked to heat all parts of the food to at least 165 F with no interruption of the cooking process.
 - Pork and any food containing pork shall be cooked to heat all parts of the food to at least 145 F.
 - Ground beef and foods containing ground beef shall be cooked to an internal temperature of at least 155 F.
 - Roast beef shall be cooked to an internal temperature of at least 135 F.
 - Beef steak shall be cooked to temperature of 145 F unless otherwise ordered by the consumer for immediate service.
- Will the facility be serving foods undercooked? (hamburgers, steaks, eggs, etc.):
☐ Yes* ☐ No

**If yes, A consumer Advisory will need to be posted on all menus (brochures, placards and boards) stating:

***These items may be cooked to the customer's order. Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.**

(Note: Items on menu that will be undercooked must be asterisked (*) to notate these items can be undercooked or may contain a raw or undercooked ingredient).



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Physical Facilities

Is water supplied: ☐ Municipal or ☐ Well
Is ice made: ☐ On-site or ☐ Purchased

Is wastewater removal: ☐ Municipal or ☐ Septic

Provide Water Heater Make, Model and size information: _____

Provide Tankless Water Heater Make, Model and Flow Rate if applicable: _____

Mark the appropriate boxes indicating equipment drains

	Indirect Waste			Direct Waste	
Plumbing Fixtures	Floor Sink	Hub Drain	Floor Drain		N/A
Warewashing Sink					
Prep Sinks					
Handwashing Sinks					
Warewashing Machine					
Ice Machine					

	Indirect Waste			Direct Waste	
Plumbing Fixtures	Floor Sink	Hub Drain	Floor Drain		N/A
Steam Table					
Garbage Disposal					
Dipper Well					
Refrigeration					
Other					

**Other Equipment: _____

- Number of handwash sinks in the facility? _____
- Number of food preparation sinks in the facility? _____
- Warewashing equipment? (A three compartment sink is required and must have compartments large enough to submerge wash, rinse and sanitize equipment).

- What type of Dish Machine will be provided: ☐ High Temperature Sanitizing ☐ Chemical Sanitizing
Will ventilation be provided: ☐ Yes ☐ No
- Will cooking hood systems be installed in your facility, to vent grease and vapors outside of the facility?
☐ Yes ☐ No



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Physical Facilities

- Will a dumpster be provided for refuse and or recyclables? _____
- What surface material will be used for the refuse/recyclable storage area (i.e. asphalt, concrete): _____
- Indicate how grease will be removed: _____
- Indicate how openings to the outside will be protected from pest entry (i.e. Self Closing doors, Window Screens, Exterior Air Curtains): _____
- Indicate how toxic chemicals will be stored to avoid contamination of food and food contact surfaces: _____
- If not shown on plans, indicate the area where personal belongings will be stored: _____
- At least one service sink or curbed cleaning facility (min. 3'x3') equipped with a floor drain shall be provided and conveniently located for the cleaning of mops, disposal of mop water, cleaning of trash cans, etc. Type of facility and location: _____
- Toilet facilities are shared for employees and customers? ☐ Yes ☐ No
- Will linens be laundered on site? ☐ Yes ☐ No
Linen Cleaning Service? _____

Finish Schedule: Indicate the surface finish of floors, walls, and ceilings (quarry or vinyl tile, FRP board (fiberglass reinforced panels), sheetrock & paint, vinyl or acoustic tile, etc.

Area	Floor	Base	Walls	Ceilings
Kitchen				
Warewashing				
Walk-in Refrigeration units				
Toilet Rooms				