



**FOOD AND LODGING DIVISION**  
Architectural Plan Review Section  
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Thank you for using the Architectural Plan Review Section of the Guilford County Health Department. If we can be of further assistance, please contact us between 8:30 a.m. and 9:30 a.m. otherwise leave a detailed voice mail.

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**The following items will be needed to complete the plan review process:**

- 1 - A complete menu, including drinks
- 2 – A scaled drawing or planned blueprint, including elevations for bars, counters, self-service areas, and drink stations
- 3 - Equipment cut sheets, manufacture's specification
- 4 - A completed application
- 5 - Employee Health Policy
- 6 - The plan review fee is \$250.00 due at submission of plan.

**A complete set of drawings or plans consists of the following:**

- 1 - Finish schedules,
- 2 - Scaled drawing, including, but not limited to kitchen, storage rooms, can wash location, restrooms, bars, counters, wait stations, self service areas, drink stations, refuse areas
- 3 - Water heater location.
- 4 - Waste/water fixtures
- 5 – Doors and windows
- 6 - If any custom millwork is to be done, shop drawings of the piece of millwork

\*Additional information may be requested, as all concepts and operations are unique.

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Only complete applications will be accepted. You can choose to deliver this information to our Administrative Assistant or mail it to the above address. Please allow adequate time (generally, less than 30 days) for review of any delivered plans.

**Additional Resources:**

Guilford County Web site: <http://www.guilfordcountync.gov/>  
Restaurant Rules web site: [DPH: Environmental Health Section: Rules](#)



**Division of Environmental Health  
Food Service Establishment Plan Review Application**

☐ **Restaurant / Food Stand**    ☐ **Push Cart / MFU**    ☐ **Commissary**    ☐ **Other**  
(CHECK ALL THAT APPLY)

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**A. DEMOGRAPHIC**

Name of Establishment \_\_\_\_\_ Address \_\_\_\_\_

Permittee (Legal Name of Corporation/Entity) \_\_\_\_\_ Name(s) of Registered Agent \_\_\_\_\_

Primary Registered Agent      Date of Birth      Address      City      Zip

Phone Number      Email Address

Primary Contact Person      Address      City      Zip

Phone Number      Email Address

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**B. PLAN SUBMISSION**

Contractor/Manufacturer      Address      City      Zip

Phone Number      Email Address

Architect/Engineer      Address      City      Zip

Phone Number      Email Address

Plan Pages Submitted: ☐ Equipment    ☐ Plumbing    ☐ Lighting    ☐ Ventilation    ☐ Site    ☐ Shop Drawings

Specifications Submitted: ☐ Equipment    ☐ Menu    ☐ Finish Schedules

Push Cart / Mobile Food Unit: ☐ Commissary Agreement

**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 and/or result in the denial of my application.**

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Signature (Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_



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### C. OPERATION DETAILS

#### Hours of Operation

Day	Open	Close
Monday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Sunday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

#### Type of Operation (check all that apply)

- ☐ Catering ☐ Commissary ☐ Multi-use Utensils  
☐ Single-Service ☐ Sit-down Meals ☐ Take-out  
☐ Other: \_\_\_\_\_

Total # of Seats: Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Bar: \_\_\_\_\_

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### D. SPECIALIZED FOOD PROCESSING PROCEDURES

The processes below require an application to the State for an approved variance.

Indicate any specialized processes that will take place:

- ☐ Smoking for Preservation ☐ Fermentation ☐ Reduced Oxygen Packaging (e.g. vacuum sealing)  
☐ Curing ☐ Sprouting ☐ Acidification (sushi, etc.)  
☐ Other: \_\_\_\_\_

**Must complete and submit State variance application to State Variance Committee – Additional information will be provided by the Health Department to complete the application.**

Will specialized food processes be conducted? ☐ Yes ☐ No

*NC Food Code 8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting or drying process.*

## E. FOOD SUPPLIERS & VENDORS

Name	Address	Phone #	Method of Delivery

## F. FOOD: (Ingredient List)

List all foods and ingredients used in the food service establishment.

Include all (meats, seafood, other proteins, condiments, sauces, dry goods, cheeses, herbs, produce, soups, etc.)

Check all that apply

INGREDIENTS	RECEIVED								PROCESS								
meat/seafood, produce, dairy, dry foods, etc.	Refrigerated	Frozen	Raw / Fresh	Dry / Canned	Thawed	Whole	Pre-Portioned	Ready-to-Eat	Breaded	Marinated	Cooked	Par-cooked	Cooled	Re-heated	Cooked from	Cooked to Order	Hot Held
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Food Continued**

Check all that apply

[illegible]

## G. BEVERAGES

Check all that apply

Bottled	Canned	Fountain	Kegs	Tea	Coffee	Espresso	Juice	Smoothies	Shakes	Beer	Wine	Liquor	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## H. FOOD HANDLING

Will any meats, eggs, seafood, poultry, and shellfish served or sold raw or undercooked? ☐ Yes ☐ No

If YES, then provide Consumer Advisory with menu submission. (see NC Food Code 3-603.11 – Consumer Advisory)

### Preparation Areas

Prep sink with drain-board must be provided for these items:

(check all that apply)

☐ Produce ☐ Ready-to-Eat ☐ Seafood ☐ Raw Meat ☐ Sushi ☐ Raw Poultry

### Cooling Processes

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 41° after being cooked.

Check all that apply

Cooling Process	Meat	Seafood	Poultry	Soup	Sauce	Other
Shallow Pans in Refrigerator	<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"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Cold Food Storage Complete all that apply

Equipment	# of Units	Size or # of Doors	Ready-to-Eat	Raw Proteins
Walk-in Refrigeration Storage			<input type="checkbox"/>	<input type="checkbox"/>
Walk-in Freezer Storage			<input type="checkbox"/>	<input type="checkbox"/>
Reach-in Refrigeration Storage			<input type="checkbox"/>	<input type="checkbox"/>
Reach-in Freezer			<input type="checkbox"/>	<input type="checkbox"/>
Work Top Freezer			<input type="checkbox"/>	<input type="checkbox"/>
Flip Top & Work Top Refrigeration			<input type="checkbox"/>	<input type="checkbox"/>
Refrigerated Drawers			<input type="checkbox"/>	<input type="checkbox"/>

## I. DISHWASHING FACILITIES

What types of utensils will be used in this facility? ☐ Plates ☐ Glassware ☐ Silverware ☐ Disposable Only

### 3-Compartment Sink

At least one 3-compartment/manual sink (with integral drain boards on each side) large enough to submerge the largest equipment and utensils are required. Does your facility use full size sheet pans? ☐ Yes ☐ No

**A spray arm and faucets is required on all 3-compartment sinks for pre-rinsing if no dishwashing area provided.**

What type of sanitizer is used? ☐ Chlorine ☐ Quaternary Ammonium

☐ Other, describe: \_\_\_\_\_

### Dishwasher

Dishwasher sanitizing cycle used: ☐ Hot Water ☐ Chlorine ☐ Other, describe: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Total amount of square feet of air drying space provided: \_\_\_\_\_ ft<sup>2</sup>

**This space is only for air drying and not as clean dish and/or ware storage.**

Indicate the location and type of air drying areas below.

\_\_\_\_\_  
\_\_\_\_\_

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## J. CONSTRUCTION

Indicate which materials will be used in the following areas:

Area	Floor	Base	Walls	Ceiling
Kitchen / Dishwashing				
Bar				
Front Storage				
Toilet Rooms				
Other Storage				
Self Service Areas				
Walk-in Refrigeration & Freezers				

## **Insect & Rodent Control**

Check all that apply

	<b>Fly Fans or Air Curtains</b>	<b>Self-Closing</b>
Delivery Doors	<input type="checkbox"/>	<input type="checkbox"/>
Entry Doors	<input type="checkbox"/>	<input type="checkbox"/>
Screened Doors	<input type="checkbox"/>	<input type="checkbox"/>
Restroom Doors	<input type="checkbox"/>	<input type="checkbox"/>
Drive Thru Pick-up Window	<input type="checkbox"/>	<input type="checkbox"/>
Walk-up Screen Window	<input type="checkbox"/>	<input type="checkbox"/>
Garage Doors or Windows that Open	<input type="checkbox"/>	<input type="checkbox"/>

## **Garbage & Refuse**

Check all the apply

	<b>Yes</b>	<b>No</b>	<b>Indoor</b>	<b>Outside</b>
Compactor (stored on asphalt or concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dumpster (stored on asphalt or concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Cans with Lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City Trash Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycle Containers with Lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty Linen Containers/Systems (stored on asphalt or concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease Recycling Containers/Systems (stored on asphalt or concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Wash (3' x 3' curbed pad sloped to drain with hot and cold water and backflow prevention with mop rack)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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**Where will all chemicals be stored?** \_\_\_\_\_

**Water Heater** (minimum with 90°F Rise): ☐ Gas    ☐ Electric  
(check all that apply)

☐ Standard/Tanked (number to be installed: \_\_\_\_\_) Model #: \_\_\_\_\_

Recovery Rate (gallons per hour) Storage Capacity (gallons): \_\_\_\_\_

\*Provide Manufacturer's Specifications Sheet\*

☐ Instantaneous/Tankless (number to be installed: \_\_\_\_\_) Model #: \_\_\_\_\_

Recovery Rate per minute: \_\_\_\_\_

\*Provide Manufacturer's Specifications Sheet\*

## **Employee Storage (Required)**

Describe storage facilities for employees' personal belongings below.

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## Linens

Check all that apply

Cleaning Methods	Onsite Clothes Washer	Onsite Clothes Dryer	Laundry Service
Aprons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uniforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping Cloths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table Cloths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cloth Napkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oven Mitts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of dirty linen storage: \_\_\_\_\_

Location of clean linen storage: \_\_\_\_\_

### Water / Waste Water

- ☐ Municipal (city water)      ☐ Well Water  
☐ City Sewer                      ☐ Onsite Septic

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### Supplemental Well and Sewage Disposal System Information Form – Required for well water and/or onsite septic

For assistance with the information below contact Water Quality, 400 W. Market St., Greensboro, NC 27401, (336) 641-7613

#### Facility Information:

Type of Establishment: \_\_\_\_\_

Sq. Footage – Food Service Area: \_\_\_\_\_

# of Public Restrooms: \_\_\_\_\_

Estimated # of meals per day: \_\_\_\_\_

☐ Dishwasher    or    ☐ Single Service

#### Existing Well & Sewage Disposal System Information:

Date Septic System Installed: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date Well Installed: \_\_\_\_\_

Permit #: \_\_\_\_\_

Owner at time of Installation: \_\_\_\_\_

Please list any known Well or Septic Tank specifications and Location information:

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Signature (Authorized Representative)

Date

