



Public Health
Prevent. Promote. Protect.

Henderson County Environmental Health Department

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STEPS TO OBTAIN A FOOD SERVICE PERMIT

1. Obtain and complete a Food Service Application form from the Henderson County Department of Public Health.
2. Pay a \$250.00 Plan Review fee to the Henderson County Department of Public Health when completed application is submitted.
3. Along with the completed application and \$250.00 Plan Review fee, please submit to the Henderson County Department of Public Health, a complete detailed drawing of the restaurant floor plan and a menu, if available. This drawing needs to be to the scale of $\frac{1}{4}'' = 1'$. See the Basic Requirements For A Food Service Establishment (attached to the application) for necessary information on the plan.
4. Go to the Henderson County Building Services office at 100 N. King Street in Hendersonville, N.C.
 - a. First, go to the **Central Permitting Office**.
 - b. Next, go to the **Zoning Office** in the same building.
 - c. Next, go to the **Building Inspections Office** in the same building and submit a copy of the restaurant plan.
 - d. Lastly, go to the **Fire Marshall's Office** in the same building. The Building Services Department (i.e. Building Inspections, Fire Marshall, etc.) have jurisdiction over all hood requirements. Submit the food service plan, menu, cooking equipment/ware-washing specs and floor/wall finish schedules to them also.
5. Obtain grease trap requirements, approval and/or exemption letter from one (1) of the following agencies:
 - If on Hendersonville City sewer, contact Environmental Services Coordinator, 697-3057
 - If on Henderson County sewer, contact 694-6608.
 - If on privately-owned waste disposal system contact the appropriate operator.
 - If on a septic tank system, contact Henderson County Department of Public Health at 694-6060.
6. Come back to the Henderson County Department of Public Health and submit paperwork. **Bring all the paperwork you have received from the offices above.**

Garrett S. Rapp, REHS
Environmental Health Program Specialist
Food and Lodging Program

GSR:bw

BASIC REQUIREMENTS FOR A FOODSERVICE ESTABLISHMENT

To begin the process, an application must be completed and a fee of \$250.00 must be submitted with the application.

In order to obtain a foodhandling permit for a Foodservice Establishment the State requires the following minimum criteria be met. **Do not purchase any equipment or property without the prior approval of the Henderson County Department of Public Health. Failure to obtain approval for equipment, buildings, etc. may also result in failure to receive a permit to operate.**

1. **Submit architectural or engineered plans and specifications for the facility for our review and approval before beginning construction. A proposed menu must be submitted to us. (See Page 3).**
2. **The water supply shall be from an approved source and shall be adequate and of a safe, sanitary quality. The water supply used shall be located, constructed, maintained, and operated in accordance with the Commission for Health Services rules governing water supplies. If other than city water, the quality, construction, and location of the water source must be approved by us prior to proceeding with No. 1.**
3. **All sewage and other liquid waste shall be disposed of in a public sewer system or in the absence of a public sewer system, by a properly operating sanitary sewage system approved by the Henderson County Department of Public Health. A grease trap must be installed. If other than public sewer system, permits/approval must be obtained prior to proceeding with No.1.**
4. **A. All food service equipment must meet, be installed, operated, and maintained in accordance with the current National Sanitation Foundation Standards, (NSF) or equivalent. At this time, mixers, toasters, microwave ovens, water heaters, and hoods are excluded from this requirement.**
B. Facility cannot be used for domestic purposes.
5. **Basic equipment for the proposed operation would include, but not be restricted to the following: (These are minimum requirements, subject to additions by the Henderson County Department of Public Health).**
 - a. **An approved three compartment sink with either two integral drainboards OR a three compartment sink without drainboards but with adjacent utensil racks or tables for washing of all utensils. IF deemed necessary by this department, a commercial NSF approved dishwasher installed and operated to NSF standards shall be installed in addition to the three**

compartment utensil sink. When deemed necessary by this department, separate facilities shall be required for the washing of pots and pans, vegetables, fish, meats, and poultry.

- b. Approved stainless steel preparation tables.
- c. Approved prep refrigerator(s), reach in refrigerators, freezers and walk-ins as deemed necessary for adequate cold storage.
- d. Approved ovens, stoves, fryers, griddles, steamers, hot holding units, etc. depending on menu.
- e. An approved handwash lavatory(s).
- f. Approved bathrooms.
- g. Approved garbage can-wash and dumpster-wash facilities or dumpster cleaning contract.
- h. An approved mop sink and storage areas for mops, brooms, and cleaning supplies.
- i. Hood requirements are addressed in the Building Code. Please contact that department concerning this issue.
- J. An approved dry storage area with adequate storage shelves.
- k. Adequate commercial grade hot water heating facilities sized by this department. **Do not purchase water heater(s) until capacity and recovery requirements are determined by the Henderson County Department of Public Health.**

- 6. All floors, walls and ceilings in food preparation and toilet rooms must be smooth, durable, light-colored, and easily cleanable. Good recommended examples being commercial vinyl tile or quarry tile floors, fiberglass reinforced panels for walls, epoxy painted drywall or vinyl coated drop-in-ceiling tiles for ceilings.
- 7. All electrical, plumbing and ventilation must be approved by the Henderson County Building Inspector's Office. Call their office for requirements.

This is only a guideline and all requirements of the North Carolina Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments must be met. If you have any questions, please feel free to give me a call.

SPECIFICATIONS FOR PLANS FOR FOODSERVICE ESTABLISHMENTS

Architectural or engineered plans and specifications for any foodservice facility must be submitted to our department **before** beginning construction. **It is recommended that plans be submitted at least three (3) weeks prior to beginning construction so that a thorough review can be made.** Failure to follow this recommendation may lead to complications in the permitting procedure by this department. Any equipment, construction, etc. that is not approved prior to construction, may be subject to revision or change to meet the requirements of the North Carolina Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments and the Henderson County Department of Public Health.

Following are requirements and specifications for foodservice plans. **These are the minimum requirements and specifications and are subject to additions by the Henderson County Department of Public Health.**

Plans must:

1. Be drawn to scale. $\frac{1}{4}$ " = 1 foot.
2. Include a complete menu.
3. Show the location of the water supply and septic system (if other than city water and city sewer).
4. Show the location and placement of all equipment and sinks.
5. Show the location of the can wash/dumpster wash facilities.
6. Include a site plan.
7. Include a finish schedule for all walls, ceilings and floors.
8. Include location of all floor drains.
9. Include equipment representation sheets (cuts) or an equipment schedule listing the make, model number and manufacturer of all equipment.
10. Include all storage rooms, toilet rooms and utility rooms.
11. Include location of all handwash lavatories.
12. Indicate location of hot water heater(s).
13. Indicate if meats, poultry, fish, and vegetables will be processed on site or if they will be delivered ready to cook/ready to serve.
14. Include all three dimensions (length, width, depth) of vat size of any and all pot or utensil washing sinks.
15. Indicate expected frequency of deliveries.

Please be aware that the aforementioned are minimum specification and may be subject to additions by the Henderson County Department of Public Health.

Before a final inspection and issuance of a permit by the Henderson County Department of Public Health to operate a food service, approval must also be obtained from the Henderson County Building Inspections Department and Fire Marshall.

N.C. Department of Health & Human Services
Division of Public Health
Environmental Health Section
Plan Review Unit

Food Establishment Plan Review Application

Type of Construction: NEW REMODEL

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County _____

Phone (if available): ___ - ___ - ___ Fax: ___ - ___ - ___

.....
Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: ___ - ___ - ___ Fax: ___ - ___ - ___

E-mail Address: _____

.....
Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: ___ - ___ - ___ Fax: ___ - ___ - ___

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

I 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.

Signature: _____
(Owner or Responsible Representative)

Hours of Operation:

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

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

TYPE OF FOOD SERVICE:

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____

CHECK ALL THAT APPLY

- Sit-down meals
- Take-out meals
- Catering
- Single-service (disposable):
 - Plates
 - Glassware
 - Silverware
- Multi-use (reusable):
 - Plates
 - Glassware
 - Silverware

Indicate any specialized processes that will take place:

- Curing
- Acidification (sushi, etc.)
- Reduced Oxygen Packaging (eg: Vacuum)
- Smoking
- Sprouting Beans
- Other

Explain checked processes: _____

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

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

COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage:

Reach-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING

Food that will be held hot: _____

COLD HOLDING

Food that will be held cold: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 45°F (7°C) within 6 hours.

If "Other" is checked indicate 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"/> |

THAWING

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

If "Other" is checked indicate 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 70°F (21°C) | <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 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 (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time: _____

Square feet of dry storage shelf space: _____ ft²

Where will dry goods be stored? _____

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 | | | | |
| Service Sink | | | | |
| Other | | | | |
| Other | | | | |

WATER SUPPLY - SEWAGE

1. Is water supply: Municipal Well Is sewer: Municipal Septic
2. Will ice: be made on premises or purchased
3. Water heater:
- Tank type:
 - a. Manufacturer and model: _____
 - b. Storage capacity: _____ gallons
 - Electric water heater: _____ kilowatts (kW)
 - Gas water heater: _____ BTU's
 - c. Water heater recovery rate (gallons per hour at 80°F temperature rise): _____ GPH

(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)
 - Tankless:
 - a. Manufacturer and model: _____
 - b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)
4. Check the appropriate box indicating equipment drains:

| Plumbing Fixtures | Indirect Waste | | | Direct Waste |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Floor sink | Hub Drain | Floor Drain | |
| 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"/> |
| 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 | <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"/> |

WAREWASHING EQUIPMENT

a. Manual Warewashing

1. Size of sink compartments (inches): Length: ____ Width: ____ Depth: ____

2. What type of sanitizer will be used?

Chlorine: Iodine: Quaternary Ammonium: Hot Water: Other (specify):

b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes No

Warewashing 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 and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

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

Square feet of air drying space: ____ ft²

HANDWASHING

Indicate number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

REFUSE AND RECYCLABLES

- 1. Will refuse be stored inside? Yes No
If yes, where _____
- 2. Provision for refuse disposal: Dumpster Compactor
- 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 recyclables: (cooking grease, cardboard, glass, etc.):

SERVICE SINK

- 1. Location and size of service (mop) sink/can wash: _____
- 2. Is a separate mop storage area provided? Yes No If yes, describe type and location: _____

INSECT AND RODENT CONTROL

- 1. How is protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
- 2. How is protection provided on windows?
Self-closing Fly Fan Screening

LINEN

- 1. Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

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

Plan Review Unit
5605 Six Forks Road, Raleigh, NC 27609
Phone (919) 707-5861 / Fax (919) 845-3973
<http://ehs.ncpublichealth.com/food/planreview/index.htm>