



Public Health
Prevent. Promote. Protect.

Henderson County Environmental Health Department

Steven E. Smith, MPA, Health Director | Seth Swift, Environmental Health Supervisor

1200 Spartanburg Highway, Suite 100, Hendersonville, NC 28792

Main Phone: (828) 694-6060 | Environmental Health FAX: (828) 697-4523

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 a \$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 ¼" = 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, NC.
 - 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, (828) 697-3057.
 - If on Henderson County sewer, contact (828) 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 (828) 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

(828) 694-6053



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Basic Requirements for a Food Service 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 food handling permit for a Food Service Establishment, the State requires the following minimum criteria to 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 supplied. 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 of 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 contact.
 - h. An approved service 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 Food Handling Establishments must be met. If you have any questions, please feel free to call the Food and Lodging Program Specialist at (828) 694-6053.



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Specifications for Plans for Food Service Establishments

Architectural or engineered plans and specifications for any food service 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 the construction, may be subject to revision or change to meet the requirements of the North Carolina Rules Governing the Sanitation of Restaurants and Other Food Handling Establishments and the Henderson County Department of Public Health.

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

Plans must:

1. Be drawn to scale. $\frac{1}{4}$ inch = 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.

Food Establishment Plan Review Application

This application must be completed in its entirety, or your review may be significantly delayed.

To verify franchised or chain food establishment designation for the purpose of plan review as specified in Section 8-201.11 of the North Carolina Food Code please refer to Position Statement 'Franchised or Chain Food Establishment Designation for Plan Review' at <https://ehs.dph.ncdhhs.gov/faf/docs/foodprot/FranchisePlanReview.pdf> .

Type of Construction: NEW REMODEL CONVERSION *RTAP

*Revisions to Approved Plans: Provide a list of all changes to the previously approved plans. Revise application as related

For REMODEL, specify the scope of work:

Establishment Information

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____

County: _____

Owner Information

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: ____ - ____ - ____

E-mail Address: _____

Submitter Information

Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: ____ - ____ - ____ Email: _____

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)

Daily Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals served daily:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of food deliveries received per week: _____

Number of seats: _____ Facility total square feet: _____

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

Type of food service: (Select all that apply)

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____
- Sit-down meals
- Take-out meals
- Catering / Delivery
- Custom Self-Service Area

Type of utensils used:

- Single-service (disposable): Plates Glassware Silverware
- Multi-use (reusable): Plates Glassware Silverware

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 (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
- N/A

Will any **virtual brands** be provided?

- Yes No

If YES, list brand names: _____

Menu to be served: _____

Estimated number of meals per week: _____

Cold Storage:

How was the volume of cold storage indicated below determined to be adequate?

Reach-in cold storage (in cubic feet):

Walk-in cold storage (in cubic feet):

Reach-in refrigerator storage: _____ ft³

Walk-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

Cold Holding:

List foods that will be held **cold**: (include equipment used)

Hot Holding:

List foods that will be held **hot**: (include equipment used)

Cooling:

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (7°C) 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 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: (Should be provided by owner/owner's representative)

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, 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:

Dry Storage:

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

Where will dry goods be stored? _____

Square feet of dry storage shelf space: _____ ft²

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 and Sewage:

Water supply: Municipal Well

Sewer: Municipal Septic

Will ice be: Made on premises

Purchased

Water heater(s):

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

Tankless:

- a. Manufacturer and model: _____
- b. Quantity of tankless water heaters: _____
- c. Water heater recovery rate (gallons per minute at 80°F temperature rise): _____ GPM

(See Water Heater Calculators on the Plan Review Unit website to calculate recovery rate needed)

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"/>

Grease trap size: _____

Warewashing Equipment:

Manual Warewashing:

Size of each sink compartment (inches): Length: ____ Width: ____ Depth: ____

What type of sanitizer will be used?

Chlorine Iodine Quaternary Ammonium Hot Water Other (specify)

Mechanical Warewashing:

Will a warewashing machine be used? Yes No

Warewashing machine manufacturer and model: _____

Type of sanitization: Hot water (180°F) Chemical

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:

Square feet of air drying space: ____ft²

Handwashing:

Indicate number and location of handwashing sinks:

Employee Accommodations:

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

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 name of cleaning contractor: _____

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

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