



DEPARTMENT OF PUBLIC HEALTH

Transitional Plan Review Application for an Existing Food Service Establishment

The following must be completed for the transitional permit application to be reviewed:

_____ A floor plan drawn to scale (1/4" = 1 foot) showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities. Plans must also include general plumbing, electrical, mechanical and lighting drawings and room finish schedules.

_____ Manufacturer specification sheets for each piece of new or replaced equipment. All equipment must be NSF listed, UL classified for sanitation or be constructed to meet NSF/ANSI standards. **All equipment must be identified.**

_____ Complete Transitional Permit Application

_____ Proposed Menu

_____ Transitional permits are valid for only 180 days from the date of issuance. It is the responsibility of the applicant to complete the permit conditions before expiration for the permit to be valid after 180 days. Expiration of transitional permit will require a full plan review application be submitted.

Submittal Items Reviewed by _____

Submittal Date _____

Office hours are Monday through Friday 8:00 AM to 5 PM. If we can be of further assistance, contact Environmental Health at (910) 433-3618, Fax submittal (910) 433-3793

Transitional permits are valid for only 180 days from the date of issuance. It is the owner's responsibility to complete the permit conditions before expiration date. Expiration of a transitional permit will require a full plan review application to be submitted.

Purchase Date: _____

Present Name of Establishment: _____ Address: _____
--

New Owner: _____ (Person, Corporation, or Partnership Name) Title (owner, manager, architect, etc.): _____ Billing Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email Address: _____
--

New Name of Establishment: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____ Fax: _____ Email Address: _____
--

I certify that the information in this application is correct, and I understand that any changes may delay issuance of a Transitional permit.

Name: _____
PLEASE PRINT NAME

Signature: _____ **Date:** _____
(Owner or Responsible Representative)

Hours of Operation

Day	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Number of Seats: _____

Projected opening date: _____

Types of Food Service

(Check all that apply)

Restaurant_____

Sit-down meals_____

Food Stand (no seats provided)_____

Take-out_____

Drink Stand_____

Single Service_____

Commissary_____

Catering_____

Meat Market_____

Multi-use_____

Lodging Food Service_____

Other (Explain)_____

Please list any changes that you are considering for this facility:

Food Processing Procedures

Thawing

Check the appropriate box to indicate how food will be thawed

Thawing Process	Red Meats	Seafood	Poultry	Vegetables	Other
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as part of Cooking Process					

Cooling

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 45° after being cooked.

Cooling Process	Meats	Seafood	Poultry	Vegetables	Soups	Sauce
In the Refrigerator using Shallow Pans						
In an Ice Bath						
Using Blast Chiller						

Preparation Procedures

Produce:

Will Produce be purchased, fully prepared and pre-rinsed? Yes _____ No _____

If NO, where will produce be prepared and/or rinsed? _____

Additional Information _____

Seafood

Will seafood be purchased, fully prepared and pre-rinsed? Yes _____ No _____

If NO, where will seafood be prepared and/or rinsed? _____

Additional Information _____

Poultry

Will seafood be purchased, fully prepared and pre-rinsed? Yes _____ No _____

If NO, where will poultry be prepared and/or rinsed? _____

Additional Information _____

Pork and/or Red Meat

Will pork and/or red meat be purchased, fully prepared and pre-rinsed? Yes_____ No_____

If NO, where will pork and/or red meat be prepared and/or rinsed? _____

Additional Information _____

Water Supply – Sewage Disposal-Equipment Specifications

Water Supply: City_____ Well_____

Sewer: City_____ Well_____

Water Heater Specifications:

((Manufacturer information sheet or plate on tank))

Manufacturer_____ Model_____

Booster Heater Yes_____ No_____

Chemical Sanitizer Yes_____ No_____

Leased Machine Yes_____ No_____

Three compartment Pot Wash Sink:

Sink Compartment Size (in inches): front to back_____“ Width_____“ Depth_____“

Drain Board: Width_____“ Depth_____“

Indirect Drains: Yes_____ No_____

Can Wash/Mop Sink:

Size:_____“ X _____“

Location_____

Disposal of Solid Waste:

Waste Disposal Company:_____

Dumpster_____ Roll out Cart_____