



Phone: (336) - 751 - 8760

Davie County Health Department Environmental Health Section

P.O. Box 848
210 Hospital Street
Courier # : 09-40-06
Mocksville, NC 27028



Fax: (336) 753-1680

Dear New Establishment Owner,

The North Carolina Legislature amended GS. 130A-248 that allows local health departments to charge a fee for food service establishment plan review. This becomes effective October 1, 2002.

On November 19, 2002, the Davie County Board of Health adopted a fee of \$200.00 for all required plan review. Furthermore, on December 16, 2002, the Davie County Board of Commissioners also approved the \$200.00 fee adopted by the Davie County Board of Health.

Therefore, effective December 17, 2002, all food service establishment applications/plan review materials submitted to this office for review must be accompanied by the \$200.00 fee.

THE REVIEW PROCESS WILL NOT PROCEED UNTIL THE \$200.00 FEE IS SUBMITTED AND A COMPLETED APPLICATION IS SUBMITTED.



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COMMISSARY PLAN REVIEW

Name of Establishment: _____ Phone Number: _____

Establishment Address and Location: _____

Name of Owner: _____ Phone umber: _____

Billing Address: _____ Fax Number: _____

Applicants Name if different from owner: _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

Type water supply: _____ Private Well _____ County/City _____ Community Well

Type Sewage Disposal: _____ On-Site System _____ Municipal/Community _____ Package Treatment

Hours of Operation:

Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Sq. Ft. of Facility: _____

Start Date of Construction: _____ Completion Date of Construction: _____

Is there an area provided for vegetable prep if needed for the MFU's and PC's? _____ yes
_____ no

Is there refrigeration provided? _____ yes _____ no

Is there an area provided for disposal of waste water from MFU's and PC's? _____ yes _____ no

EXPLAIN:

Is there a method of disposal for solid waste? (i.e. dumpster) _____ yes _____ no

The following documents must be submitted with this application:

- 1. Manufacturer specification sheets for each piece of equipment shown on plans**
- 2. Plan of facility drawn to scale (minimum of 11x14 inch in size of floor plan to scale of 1/4" = 1 ft.) showing location of equipment, plumbing, electrical service and mechanical ventilation.**
- 3. Location, size, and BTU or KW of hot water heater**

CONTENT AND FORMAT OF PLANS AND SPECIFICATIONS

1. The plans must show the location and when requested the elevated drawing of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name.
2. Equipment schedule must include make and model number for all food service equipment and shall be National Sanitation Foundation (NSF), UL Sanitation, ETL Sanitation or equivalent.
3. Source of water supply and method of sewage disposal. The location of these facilities must be shown and evidence submitted that state and local regulations are to be complied with.
4. Garbage can washing area/facility. Cleaning contract for dumpster if cleaning facility not on site.
5. Adequate hand washing facilities used for no other purpose must be designated for each toilet facility and in the immediate area of food preparation and dish washing area.
6. The plan layout must contain room size, aisle space, space between and behind equipment and the placement of the equipment on the floor.
7. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements/cellars used for storage or food preparation must be represented on the plan and all features of these rooms shown as required by the standards.
8. The plans and specifications must also include entrances, exits, loading/unloading areas and docks. Completed finish schedules for each room to include floors, walls, ceilings and covered juncture bases. Plumbing schedule to include location of the floor drains, floor sinks and water supply lines, overhead waste water lines, hot water lines, hot water generating equipment with capacity and recovery rate, back flow prevention, waste water line connection.

LIGHTING REQUIREMENTS

1. Food contact surfaces = 50 foot candles (540 lux)
2. Utensil washing area = 50 foot candles (540 lux) lighting in utensil washing area and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work levels.
3. All other areas = 10 foot candles lighting to be measured at 30 inches above the floor.
4. Light bulbs in food preparation, storage, and display areas shall be shatter proof or shielded so as to preclude the possibility of broken bulbs or lamps falling into food.
5. Heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb thus leaving only the face of the bulb exposed in the food preparation area.

FINISH SCHEDULE SHEET

Applicant must fill in materials (i.e. quarry tile, stainless steel, 6" plastic covered molding).

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage/Refuse Storage				
Other				

	INDIRECT WASTE			DIRECT WASTE
Plumbing Fixtures	(Floor Sink)	(Hub Drain)	(Floor Drain)	
Dishwasher				
Garbage Grinder				
Ice Machines				
Ice Storage				
Food Prep Sinks				
Utensil/Pot Wash				
Handwash				
Steam Tables				
Dipper Wells				
Refrigeration				
Other				
Other				
Other				

Plumbing Fixture	Backflow Preventor	Vacuum Breaker
Hose Connection		
Other		
Other		
Other		

DISHWASHING FACILITIES							
Item #1	What size sink will be used for ware washing?	Number of Sinks	Size of Sink Vats			Drainboards Size	
			Length	Width	Depth	Right	Left
	Two compartment sink						
	Three compartment sink						
	Four compartment sink						
Item #2	Dishwasher Make and Model _____					N/A	
Item #3-A	Type of sanitization used: _____						
	Chemical type: _____				Test Kits: _____		
	Hot water: (temp. provided) _____				Booster Heater: _____		
Item #3-B	Is ventilation provided?					YES	NO
Item #3-C	All dish machines shall have templates with operating instructions. All dish machines shall have temperature/pressure gauges as required that are accurately working.						
Item #3-D	Are test papers and/or kits available for checking sanitizer concentration?					YES	NO
Item #5	Is appropriate air drying space available for the air drying of all washed utensils with the use of drainboards, wall or overhead shelves, stationary or portable racks?					YES	NO
	Please describe type and locations: _____ _____ _____						

SUBMISSION OF AN INCOMPLETE APPLICATION WILL RESULT IN A DELAY IN THE REVIEW AND APPROVAL OF PROPOSED PLANS. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT UNAPPROVED.

Approval of these plans and specifications by this Department does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from the Davie County Health Department may nullify this approval.

Signature (s) _____

Owner (s) or Responsible Representative (s)

Date: _____

Return completed application to: Davie County Health Department
Environmental Health Section
P. O. Box 848, 210 Hospital Street
Mocksville, NC 27028
Fax 336-751-8786

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