



Davie County Health Department Environmental Health Section

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



Phone: (336) - 753 - 6780

Fax: (336) 753-1680

MFU AND PC PLAN REVIEW

Name of Establishment: _____ Phone Number: _____

Establishment Address and Location: _____

Name of Owner: _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

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

Mailing Address: _____ Fax Number: _____

The following documents must be submitted with this application:

- 1. Manufacturer specification sheets for each piece of equipment shown on plans**
- 2. Location, size, and BTU or KW of hot water heater (MFU)**
- 3. Menu**

CONTENT AND FORMAT OF PLANS AND SPECIFICATIONS

1. The plans must show the location and 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. (MFU)
4. Adequate hand washing facilities. (MFU)
5. Completed finish schedules for floors, walls, ceilings and covered juncture bases. (MFU)
6. All MFU's and PC's must have a host establishment that is a permitted facility. This may be a restaurant, food stand or commissary.

HOST ESTABLISHMENT FOR MFU OR PC

Name of Facility: _____ Phone: _____

Owner of Facility: _____ Phone: _____

Fax: _____ Email: _____

MOBILE FOOD UNIT FINISH SCHEDULE

List types of materials used to construct the following
(Example: Floors: VCT tile)

Floors:

Walls:

Ceiling:

Plumbing Fixture	Backflow Preventor	Vacuum Breaker
Hose Connection		
Other		
Other		
Other		

**DISHWASHING FACILITIES
(MFU)**

Item #1	What size sink will be used for ware washing?	Size of Sink Vats			Drainboard Size	
		Length	Width	Depth	Right	Left
	Two compartment sink					
	Three compartment sink					

Item #2	Type of sanitization used: _____					
	Chemical type: _____			Test Kits: _____		
	Hot water: (temp. provided) _____			Booster Heater: _____		

Item #3	Are test papers and/or kits available for checking sanitizer concentration?	YES	NO
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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 _____

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