



New Hanover County Health Department

Environmental Health Services
230 Government Center Dr., Suite 140
Wilmington, NC 28401-4946

Telephone (910) 798-6667, Fax (910) 798-7269



SR # _____
EV# _____
Paid <input type="checkbox"/> \$ _____

Food Establishment Plan Review Application

Type of Construction: NEW EXISTING REMODEL

All applicants must complete this form plus the applicable section.

Type of Establishment:

- | | |
|---|--|
| Section 1: <input type="checkbox"/> New Food Service Establishment | Section 7: <input type="checkbox"/> Limited Food Service (Concessions) |
| Section 2: <input type="checkbox"/> Existing Food Service Establishment | Section 8: <input type="checkbox"/> State Temporary Food Establishment |
| Section 3: <input type="checkbox"/> Mobile Food Unit | Section 9: <input type="checkbox"/> County Special Event |
| Section 4: <input type="checkbox"/> Pushcart | Section 10: <input type="checkbox"/> Bar |
| Section 5: <input type="checkbox"/> Seafood Market | Section 11: <input type="checkbox"/> Catering |
| Section 6: <input type="checkbox"/> Seafood Vehicle | |

Name of Establishment/Vendor _____

Address _____ City _____ Zip _____

Establishment Phone _____ Email _____

Applicant's Name _____ Applicant's Title _____

(Owner, Manager, Architect, etc.)

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Owner of the Food Service (if different from applicant) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Contractor name & contact number _____

Projected Start Date of Project: _____ Projected Opening Date: _____

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.

Print Name _____ Signature _____

Section 8: STATE TEMPORARY FOOD APPLICATION - \$75.00 FEE

Application must be submitted 15 days prior to the event

NC Food Code:

<http://www.nhcgov.com/Health/enviro-health/Documents/NC-FoodCodeManual-2009-FINAL.pdf>

NC .2600 Food Rules:

<http://www.nhcgov.com/Health/enviro-health/Documents/15A-NCAC-18A-2600-FINAL.pdf>

TYPE or PRINT IN INK all the information requested. Write N/A if requested information does not apply. Leave NO BLANK SPACES. Incomplete applications will not be processed.

Name of Event: _____

Location of Event: _____

Event Date(s): _____ Hours of Operation: _____

Name of Person in charge of Event/Organizer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please enclose the following documents with your application:

- Floor plan of your booth.
 - (All equipment, food preparation areas, cleaning areas, and storage areas)
- Provide information on how water will be heated for washing hands and cleaning of utensils.
- Designate on the plan:
 - Equipment used for cold holding & for hot-holding of potentially hazardous foods.
 - Dry storage (above the ground)
- Label and locate separate food preparation sinks and work tables.
 - Preparation of ready-to-eat foods/vegetables, raw meats, and raw seafood.

