



Alexander County Environmental Health

151 West Main Ave, Taylorsville NC, 28681

828-632-1000, ext. 2

Plans must include:

1. An aerial view floor plan accurately drawn to scale showing equipment and
2. A cross section view showing plumbing lines, water tanks, water heaters, electrical lines and panels

Plans MUST be submitted along with the following items:

1. A thoroughly complete MFU Plan Review Application
2. Proposed menu
3. Manufacturer specifications sheets for each piece of equipment (corresponding to site plan), including water heater and power inverter.
*All equipment with exception of microwaves, mixers, and pop-up toasters must be NSF listed, UL classified for sanitation (EPH), ANSI, CE (European) or must be constructed to meet NSF standards. Push Carts must also meet this requirement.
4. A \$250.00 Plan Review Fee

Plans and specifications should include:

1. Location of all food service equipment with each piece of equipment numbered, with a corresponding (numbered) specsheet if specification include more than one piece of equipment, identify which is the relevant item.
2. Location of refrigeration and hot holding equipment, prep tables, shelving, wall mounted shelves, hood
3. Location of dishwashing facilities, including air drying shelves and racks
4. Separate food preparation sinks (when menu dictates) labeled & located to prevent cross-contamination of raw & ready to eat foods.
5. Hand washing sinks
6. Location of customer self-service areas
7. Toilet facilities, if applicable
8. Finish schedule for all surfaces including floors, walls, ceilings, and covered juncture bases.
9. Plumbing schedule to include:
 - a. Potable water supply lines
 - b. Waste water lines
 - c. Hot water generating equipment
10. Electrical layout and location of electrical panels, outlets and generator

REQUIREMENTS CAN BE FOUND AT:

NC Food Code Manual: <http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

.2600 Rules for Food Establishments : •

Detach this page for your reference

IT IS HIGHLY RECOMMENDED YOU SPEAK WITH AN INSPECTOR BEFORE SUBMITTING THIS APPLICATION. PLEASE CALL BETWEEN 8-9AM.

* gas connections are required to be inspected by a certified inspector, please contact the North Carolina Dept. of agriculture and customer services at <http://www.ncagr.gov/standard/LP> to schedule an appointment.**



PLAN REVIEW APPLICATION FOR MOBILE FOOD UNIT / PUSHCART

***DO NOT LEAVE ANY BLANK SPACES. WRITE N/A IF NON-APPLICABLE. ***

ANY CHANGE IN OWNERSHIP REQUIRES A NEW PERMIT-PERMITS ARE NOT TRANSFERABLE

Date of application: _____

Name of business: _____

Name of Owner: _____

Mailing Address: Street or PO Box: _____

City: _____ State: _____ Zip Code: _____

Telephone _____

E-mail address _____

Emergency Phone Number() _____

Food Truck/Trailers VIN number _____

License plate number _____

Proposed opening date? _____

Proposed location(s) of service set up? _____

Applicant (if different than Owner) _____

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

Phone (s): _____ Email: _____

Establishment is owned by: Association _____ Corporation _____ Individual Partnership
 Other Legal Entity _____

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers and the local resident agent if one is required based on the type of legal ownership.

TYPE OF FOOD SERVICE:

C] Mobile Food Unit Push Cart

Hours of Operation:

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Projected number of meats served between trips to commissary:

Breakfast: _____ Lunch: _____ Dinner: _____

Estimated travel time from commissary to operating/serving sites:

How will food temperatures be maintained during transite:

COMMISSARY INFORMATION:

*If food commissary is on a septic system or a well, approval must be granted from the Health Department prior to submission of this application. Please contact the Onsite Water Protection Environmental Health Specialist in the appropriate office.

Where exactly will the following food and supplies be stored in the Commissary?

Cold foods? _____

Frozen foods? _____

For the following, fill out based on the amount of dedicated storage space for your cold and frozen foods

Reach-in refrigerator storage: ft3 Reach-in freezer storage: ft3

Walk-in refrigerator storage: ft3 Walk-in freezer storage: ft3

Dry goods? _____

Paper products? _____

Chemical storage? _____

Equipment storage (utensils, pot, pans, etc.)?

What time(s) of day will you be at the Commissary servicing your unit / preparing food? Will the restaurant order food for you? If NO, where will you purchase food?

What is the proposed frequency of deliveries? _____

Indicate any specialized processes that will take place. Check all that apply:

Reduced Oxygen Packaging (i.e. vacuum packaging, sous vide, cook-chill)

smoking [2 Acidification (sushi rice, chow chow, etc.)

C:] curing [2 Sprouting Seeds or Beans Other

Explain checked processes: (Attach HACCP Plan)

Are you requesting a variance per Food Code 3-502.11? Yes * No *If

yes, attach Variance application to this form.

Will any food additives be used? (Sulfites, food dyes, etc.) Yes* No *If yes, please explain:

Will any meats be par cooked? Yes* No

*If yes, please attach SOP for process to this form.

Will any meats, seafood, shellfish, poultry or eggs be served or sold raw or undercooked? Yes* No *If

yes, please indicate which items:

Will sushi or sashimi be served? Yes * No *If

yes, indicate supplier of fish:

* How will parasites be destroyed? (per Food Code 3-402.11):

Will any foods be packaged for retail sale (i.e. grab-n-go sandwiches, soups, salads, etc)? Yes* No *If

yes, please indicate which items:

Will foods be hot held at commissary? Yes* No *If yes, please list items.

COOLING AT COMMISSARY: Indicate by placing an X in the appropriate boxes how cooked food will be cooled to 41° F (7°C) within 6 hours. If "Other" is checked indicate _____ e of food.

Cooling Process	Meat	Seafood	Poultry	Sauces	Soups	Cut Vegetables	Other
Shallow Pans							
Ice Baths							
Rapid Chill							
Other							

THAWING AT COMMISSARY: Indicate by placing an X in the appropriate boxes how food in each category will be thawed. If "Other", indicate type of food.

	Meat	Seafood	Poultry	Other _____	Other _____	Other _____
Thawing Process						
Refrigeration						
Running water (less than 70° F)						
Cooked Frozen						
Microwave						

FOOD HANDLING PROCEDURES AT COMMISSARY

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 (prep table, sink, counter, etc.) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)

Ready-to-eat Foods _____

Me _____

Poultry _____

Produce _____

Will ice be: Obtained from commissary Or purchased from _____

DISHWASHING FACILITIES at Commissary:

Hand Dishwashing:

Three Compartment sink is required with bays large enough to accommodate largest utensil

1. Number of sink compartments: Size of sink compartments (inches): Length: Width Length of drain boards (inches): Right: _____ Left: _____
2. What type of sanitizer will be used? (Chlorine or Quat. Ammonia)

Mechanical Dishwashing:

1. Will a dish machine be used?

Dish machine manufacturer and model: _____

2. Type of sanitization: [2 Hot water (180°F) Chemical

General:

1. Describe how cooking equipment, cutting boards, slicers, counter tops & other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned & sanitized: _____

2. How will in-use sanitizer be held? CJ Buckets with towel [2 Spray bottles a Other _____

3. Type of sanitizer used:

4. Describe location & type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

5. Square feet of air drying space:

Will food containers and utensils be washed on the Mobile Food Unit? [2 Yes* [2 No

*If yes, a 3-compartment sink will be required on the unit. Describe the sink and procedures for washing these items under the Mobile Food Unit information section below.

WATER SUPPLY & SEWAGE

Is water supply: Municipal or Well

If Well: Number of Connections:

Describe how potable water tanks will be filled:

Is sewer: a Municipal

Describe how waste water will be disposed:

* *If food commissary is on a septic system or a well, approval must be granted from the Health Department prior to submission of this application,

** Have applications been submitted to Health Dept. for well and septic approval? Yes No

MOBLE FOOD UNIT INFORMATION:

Total Square Footage of unit:

Size of potable water tank in gallons:

Total amount of potable water stored on unit = (tank-type water heater + potable water tank): —gallons

Size of waste water _____ tank: gallons (*note, waste tank must be at least 15% larger than total amount of potable water in water heater and potable water tank)

WATER HEATER:

Tankless (recommended) :

a. Manufacturer and model:

b. Water heater recovery rate in gallons per minute (GPM)

C] Storage Tank type:

a. Manufacturer and model:

b. Storage capacity: _____ gallons

c. Water heater recovery rate in gallons per hour (GPH): _____

What type of in-use sanitizer will be used? Chlorine a Quaternary Ammonium Hotwater
Other (specify) _____

FINISH SCHEDULE OF UNIT	
Indicate surface materials stainless steel aluminum FRP tile etc.	
Walls	
Ceiling	
Base	
Pass Window	
Bui tin Cabinet	
Dry Storage	

NOTE : FOOD STORAGE UNITS, SHELVING, ETC. MUST BE NSF/ ANSI APPROVED FOR COMMERCIAL USE. WOOD IS NOT APPROVED.

DRY STORAGE ON MOBILE FOOD UNIT:

Square feet of dry storage space: in ft³-----

Where will dry goods (including paper products) be stored on unit?-----

What type of shelving is provided in storage areas?-----

INSECT AND RODENT PREVENTION AND CONTROL:

How is pest protection provided on all outside doors?

Self-closing door Fly Fan Screen Door

How is pest protection provided on windows that open, including drive thru?

Self-closing Fly Fan Screens

Will any insect control devices (i.e. zapper) be installed? Yes* No

*If yes, please indicate location:

Location of insecticide/rodenticide storage:

I am aware that I must contact the health department with any set-up location, or operating schedule changes or my permit may face suspension.

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

I ATTEST THE FOLLOWING:

- I HAVE SUBMITTED DRAWINGS OF THE PROPOSED MOBILE FOOD UNIT THE LOCATION OF EQUIPMENT IS SHOWN ON THE PLANS
- I HAVE SUBMITTED A NUMBERED EQUIPMENT LIST & RESPECTIVELY NUMBERED MANUFACTURER SPEC SHEETS FOR EACH PIECE OF EQUIPMENT (INCLUDING WATER HEATER) I HAVE SUBMITTED PROPOSED MENU
- I HAVE PAID THE PLAN REVIEW FEE OF \$250.00

CONSTRUCTION OR RENOVATION MAY NOT BEGIN UNTIL PLANS HAVE BEEN APPROVED. I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM THE ALEXANDER COUNTY HEALTH DEPARTMENT MAY NULLIFY PLAN APPROVAL.

Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable.

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

Intentionally left blank:

Please use this space for any additional notes you want to add.

