**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 submitted.

**Purchase Date:**

**New Name of Establishment:**

**Address:                                                                              City:                                                             Zip Code:**

**Phone:                                                                                                         Fax:**

**Email Address:**

**New Owner:**

 **(Person, Corporation, or Partnership Name)**

**Title (owner, manager, architect, etc.):**

**Billing Address:**

**City:                                                                                                                   State:                             Zip Code:**

**Phone:                                                                                                      Fax:**

**Email Address:**

**Present Name of Establishment:**

**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 135º to below 45º 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