

**Jackson County Department of Public Health  
Environmental Health - (828) 587-8250  
Existing/Change in Ownership  
Food Establishment Plan Review Application**

<b>Type of Application:</b> <input type="checkbox"/> Change in Ownership <b>Purchase Date:</b> Click here to enter text.	<b>Current Name of Establishment:</b> Click here to enter text.
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<b>Type of Food Operation:</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Food Stand <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Commissary <input type="checkbox"/> Meat Market <input type="checkbox"/> Other (explain): Click here to enter text.
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**FOOD ESTABLISHMENT INFORMATION**

<b>New Name of Establishment:</b> Click here to enter text.
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<b>Establishment Address:</b> Click here to enter text.	<b>City:</b> Click here to enter text.	<b>State:</b> Click here to enter text.	<b>Zip:</b> Click here to enter text.
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<b>Phone:</b> Click here to enter text.	<b>Emergency Phone:</b> Click here to enter text.
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**OWNERSHIP INFORMATION**

<b>Owner or Owner's Representative:</b> Click here to enter text.
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<b>Address:</b> Click here to enter text.	<b>City:</b> Click here to enter text.	<b>State:</b> Click here to enter text.	<b>Zip:</b> Click here to enter text.
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<b>Phone:</b> Click here to enter text.	<b>E-mail Address:</b> Click here to enter text.
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**SUBMITTER INFORMATION**

<b>Company:</b> Click here to enter text.	<b>Contact Person:</b> Click here to enter text.	<b>Title:</b> Click here to enter text.
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<b>Address:</b> Click here to enter text.	<b>City:</b> Click here to enter text.	<b>State:</b> Click here to enter text.	<b>Zip:</b> Click here to enter text.
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<b>Phone:</b> Click here to enter text.	<b>E-mail Address:</b> Click here to enter text.
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\*To find a copy of the NC 2009 Food Code upon which this application is based, please visit:  
<https://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

*I certify that the information in this application is correct and I understand that any deviation without prior approval from Jackson County Department of Public Health may nullify plan approval.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>For Health Department Use Only</b>	
Date Application Received: _____	By: _____
Receipt #: _____	Amount Paid: _____

**FOOD OPERATION INFORMATION**

<p><b>Hours/Days of operation:</b>  <input type="checkbox"/> <b>Sun:</b> Click here to enter text.  <input type="checkbox"/> <b>Mon:</b> Click here to enter text.  <input type="checkbox"/> <b>Tues:</b> Click here to enter text.  <input type="checkbox"/> <b>Wed:</b> Click here to enter text.  <input type="checkbox"/> <b>Thurs:</b> Click here to enter text.  <input type="checkbox"/> <b>Fri:</b> Click here to enter text.  <input type="checkbox"/> <b>Sat:</b> Click here to enter text.</p>	<p><b>Restaurant Seating Capacity:</b>                   Number of Indoor Seats:                  Click here to enter text.                   Number of Outdoor Seats:                  Click here to enter text.                   Square Feet of Facility: Click here to enter text.</p>	<p><b>Type of Service (Check All That Apply):</b>  <input type="checkbox"/> Sit-Down Meals  <input type="checkbox"/> Take-Out Meals  <input type="checkbox"/> Catering  <input type="checkbox"/> Single-Service (Disposable):  <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware  <input type="checkbox"/> Multi-Use (reusable):  <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware  <input type="checkbox"/> Other: Click here to enter text.</p>	<p><b>Employees</b>                  Max per Shift: Click here to enter text.   <b>Max. Number of Meals Served between product deliveries:</b>   <b>Breakfast:</b> Click here to enter text.  <b>Lunch:</b> Click here to enter text.  <b>Dinner:</b> Click here to enter text.</p>
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<p><b>Indicate Any Specialized Processes That Will Take Place:</b>  <input type="checkbox"/> Curing    <input type="checkbox"/> Smoking    <input type="checkbox"/> Acidification (Sushi, Etc.)   <input type="checkbox"/> Sprouting Beans    <input type="checkbox"/> Reduced Oxygen Packaging (eg: Vacuum)   <input type="checkbox"/> Other   <b>Explain Checked Processes:</b> Click here to enter text.</p>	<p><b>Indicate Any Highly Susceptible Population That Will Be Catered or Served To:</b>   <input type="checkbox"/> Nursing Home  <input type="checkbox"/> Child Care Center  <input type="checkbox"/> Health Care Facility  <input type="checkbox"/> Assisted Living Center  <input type="checkbox"/> School with Pre-School Aged Children</p>
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If conditions are not met for a new permit, a transitional permit may be issued. 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 be submitted.

**NOTE:** A new food service plan review application must be completed if there are significant changes to menu, kitchen design or equipment for this existing facility.

## Plan Review Application Checklist:

- Proposed menu, including consumer advisory if needed.
  
- Letters from Municipal/Community Wastewater and/or Municipal/Community Water Systems. If onsite wastewater system or well approval from JCDPH onsite section and well section.
  
- Manufacturer specification sheets for each piece of new equipment. All equipment must be NSF listed, UL Classified for sanitation or constructed to meet NSF/ANSI standards and meet 2009 Food Code 4.1 & 4.2.
  
- Plan Review Fee: \$60.00 cash, credit card, or check (make check out to JCDPH)
  
- Other \_\_\_\_\_

Franchise / chain establishments must submit applications to the State plan review office: [ncplanreview@dhhs.nc.gov](mailto:ncplanreview@dhhs.nc.gov) or <https://ehs.ncpublichealth.com/faf/food/planreview/contacts.htm>