

Plan Review Application LIMITED FOOD SERVICE ESTABLISHMENT Must be renewed annually.	
Establishment Name:	
Operators Name:	
Address:	
City: <u>Durham</u> Zip Code:	
Phone (if available):	Fax:
E-mail Address:	
Operator Billing Address (if dif	ferent):
Operators Name:	
Address:	
City:	
Phone (if available):	Fax:
E-mail Address:	
Owner of Food Service Address	s (if different from applicant):
Owners Name:	
Address:	
City:	Zip Code:
Phone (if available):	Fax:
E-mail Address:	
Submitted by (print):	
Signature:	Date:
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Plan Review application LIMITED FOOD SERVICE ESTABLISHMENT

Please select one of the following to describe your organization:

- □ Volunteers prepare and serve food in conjunction with amateur athletic events
- □ Lodging Facility that serves only reheated foods that have already been pre-cooked.
- □ A 501(c)(3) organization prepare and serve food in conjunction with amateur athletic events.

Non-Profit Organization's Name: _____

TAX ID #Number: _____

Provide the following information with the application

Section A:

- o Menu
- \circ $\,$ Provide a copy of the operational schedule with days and hours
- Sport organizations provide game schedule with dates and times
- \$75.00 annual permit fee, credit card, invoice or check.
- Indicate what method of payment; credit, invoice, check, cash (circle one)
- Counter checks are not accepted. (make check out to Durham County Environmental Health)

Section B: (complete "B" only if new establishment / not permitted last year)

- Site Plan showing location of concession stand and fields/courts (including restrooms, dumpsters, can wash, well and septic system, etc).
- Provide the location and source of water supply and method of sewage disposal.
- Provide a copy of the cleaning and maintenance contract from the solid waste provider and the grease recycling company for the dumpster and the grease container.
- Plan drawn to scale of food service establishment indicating floor plan with location of all equipment and storage. Each piece of equipment must be clearly labeled on the plan with its common name.
- Plumbing plan that shows locations of floor sinks, floor drains, hot water heater.
- Manufacturer Specification sheets for each piece of equipment on the plan and numbered to match the plan. Including specification sheet for hot water heater.
- Include a curbed can / mop sink sloped to drain (large enough to clean the largest garbage can) equipped with hot and cold water with backflow prevention and facilities for handling wet mops.

NC .2600 Food Rules: <u>http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf</u> NC Food Code:<u>http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-</u> 2009-FINAL.pdf



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Human Services Building | 414 East Main Street, Durham, North Carolina 27701 Jan 2019 (919) 560-7800 | Fax (919) 560-7830 | <u>http://dcopublichealth.org/services/environmental-health</u> Equal Employment/Affirmative Action Employer <u>healthinspector@dconc.gov</u>

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