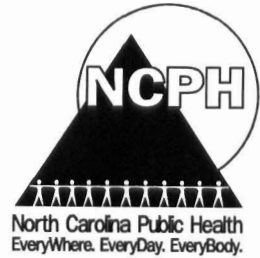


Plan Review / Permit Application
Forsyth County Health Department
Division of Environmental Health

Forsyth County Department of Public Health

Marlon B. Hunter, BSEH, MAOM
Public Health Director

Robert E. Whitwam
Environmental Health Director



PLAN REVIEW / PERMIT APPLICATION

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address _____

.....
Contact Person : _____

Mailing Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

.....
Facility Owner: _____ Representative: _____
(Person, Corporation or Partnership Name) (Contact Person for Corporation, etc.):

Mailing Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Projected date of opening: _____

A reasonably complete and accurate menu must be submitted with this completed form so that your proposal and plan can be given due consideration.

Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Number of seats: _____

Facility total square feet: _____

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

_____ Restaurant

_____ Sit-Down meals

_____ Food Stand (no seats provided)

_____ Take-out

_____ Drink Stand

_____ Single-service (disposable) dishes and/or utensils

(no food served but using multi use glassware)

_____ Commissary

_____ Catering

_____ Meat Market

_____ Multi-use (reusable) dishes and/or utensils

_____ Lodging Facility

_____ Other (explain): _____

THAWING

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be thawed.

(More than one method may apply)

Thawing Process	Red Meats	Seafood	Poultry	Vegetables	Other
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as part of cooking process					

PORK and/or RED MEAT PREPARATION:

Will pork and/or red meat be purchased fully prepared and pre-rinsed? Yes _____ No _____
If not, where will these meats be prepared and/or rinsed? _____

DELIVERIES:

Please provide information on the frequency of deliveries for the facility:

WATER SUPPLY- SEWAGE DISPOSAL

- 1. Is water supply: Municipal _____ Well _____
Is sewer: Municipal _____ Onsite Septic Tank System _____
- 2. Will ice: be made on premises _____ or purchased _____
- 3. Water heater storage capacity: _____ gallons and total power input _____ Btu or _____ kW.
- 4. Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ gallons per hour.

DISHWASHING FACILITIES

Utensil washing / pot washing sink:

Number of sink compartments: _____
Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
Length of drainboards (inches): Right: _____ Left: _____
Please indicate what method of sanitizing will be used?
Chlorine: _____ Iodine: _____ QAC: _____ Booster Heater (180°F): _____
Other (specify): _____

Will a Dishmachine be used? Yes _____ No _____

If so, please provide the manufacturer and model # for the dishmachine: _____

Type of sanitization: Hot water (180°F) _____ Chemical _____

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from the Forsyth County Division of Environmental Health may nullify plan and/or facility approval.

Signature: _____ Date: _____
(Owner or Owner's Representative)