



# Cleveland County

NORTH CAROLINA

## APPLICATION FOR PERMIT TO OPERATE A NEW FOOD HANDLING ESTABLISHMENT

\*\*\*Zoning approval is required prior to submitting this application.

**Plan Review requires \$250 for new construction, major renovations or additions of existing establishment ONLY**

No Charge for the actual permanent permit to operate.

**Name of Establishment:** \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Directions to property: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Owner/Corporate Name:** \_\_\_\_\_

Manager/Person-in-Charge \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Owner of Building:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Type of Facility:** \_\_\_ Restaurant with seating, Number of Seats \_\_\_\_\_, square footage \_\_\_\_\_

\_\_\_ Food Stand, specify square footage \_\_\_\_\_ (No more than 8 seats. *Ref. Session Law 2015-104*)

\_\_\_ Meat Market \_\_\_\_\_ School Lunchroom

\_\_\_ Educational Food Service \_\_\_\_\_ Elderly Nutrition Site, Prepared on Site

**Proposed Opening Date:** \_\_\_/\_\_\_/\_\_\_

Is this facility new construction? \_\_\_ Y \_\_\_ N, or

If no, does this facility currently hold a valid foodservice permit? \_\_\_ Y \_\_\_ N

**Meals prepared/ hours of operation:** \_\_\_\_\_

Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_ Self Service \_\_\_ Hot Bar \_\_\_

Salad Bar \_\_\_ Sushi Bar \_\_\_ Country Buffet \_\_\_

### PHYSICAL REQUIREMENTS/ Water & Sewer Information:

City Sewage \_\_\_ OR On-Site Septic System \_\_\_

City Water \_\_\_ OR Private Well Water \_\_\_

Grease Interceptor provided? \_\_\_Y \_\_\_N

Is building used for any purposes other than food service?  Y  N

If yes, then explain: \_\_\_\_\_

### Garbage Disposal:

Will you be providing a garbage dumpster/roll out container?  Y  N, or grease dumpster  Y  N

Do you plan to recycle cardboard, aluminum, glass or metal cans?  Y  N

### Sanitizing:

Utensil type for customer:  disposable, or  re-usable multi-use utensils

Indicate the sanitizing method (hot water/chemical) and dishwasher, manual warewashing, or both.

*\*A three compartment sink is required for warewashing, other requests may be approved pending variance approval.*

**Hot water heaters** and on demand hot water heaters will need to be sized based on the fixtures in the facility, the capacity will be determined using the sizing calculator provided by the NCDHHS Plan Review unit  
<http://www.deh.enr.state.nc.us/faf/food/planreview/docs/WaterHeaterCalculator-1112.xls>

### Receiving:

Indicate in as much detail the handling procedures for the following categories of items.

How will the food be received? (Frozen, fresh, shelf stable packaging) Will the food be delivered from source?

Describe: \_\_\_\_\_

### Specialized Food Processes:

Do you plan to have any specialized food processes?

Curing     Acidification     Reduced Oxygen Packaging

Smoking     Sprouting Beans     Other

Do you have a written variance for these processes?  Y  N

### Cooling:

Do you plan to cool any food items for (ie. Chicken Salad, Leftover foods, etc.)  Y  N

If so list product and indicate proposed cooling method(s) for each food.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Food Preparation and Handling:

How will the food be handled? (Washed, marinated, cut, breaded, thawing, etc.)

- Ready-To-Eat Foods: \_\_\_\_\_
- Produce: \_\_\_\_\_

- Poultry: \_\_\_\_\_  
\_\_\_\_\_
- Meat: \_\_\_\_\_  
\_\_\_\_\_
- Seafood: \_\_\_\_\_  
\_\_\_\_\_

**Consumer Advisory:**

Do you plan to offer any raw or undercooked animal foods, or will any of the food products that you serve have any raw or undercooked animal foods?  Y  N

If so, how are you going to advise the consumer of such hazards? (menu, table top tent, plaquard on wall)

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**Time as Public Health Control:**

Will you be using time instead of temperature to control potentially hazardous foods.  Y  N

If so, please submit a copy of your written procedures for review along with other documentation.

**Person-in-Charge/ Manager:**

Is the future person(s)-in-charge a certified food protection manager from an ANSI-Accredited program.

Y  N If yes, please list names below:

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**Employee Health Policy:**

An Employee Health Policy or method of requiring employees to report symptoms and certain illnesses as described in 2-201.11-13 of food code will be required. Please refer to Annex 2.2 in the following link:

<http://ehs.ncpublichealth.com/faf/food/foodcodeannex.htm>

**To assure that your application is processed in a timely manner, you must submit a completed application, which includes the following:**

Zoning Permit

Proposed menu

Seating capacity

Site Plan showing the following: all structures, property lines, wells, septic systems, and  
Dumpster/ recycling bins.

Building floor plan **drawn to scale** showing the location of the following: All sinks (dishsink, hand sink, food prep sink(s), mop sinks, etc.) refrigeration, prep tables, bathrooms, dining room, dry storage, chemical storage, and other equipment (ie: deep fryer, slicer, ovens, hoods, etc).

List the type of finishes and materials used in the construction of the floors, walls and ceilings of each room.

**Important basic design information:**

All equipment shall be ANSI approved for commercial use or meet parts 4-1 & 4-2 of the NC Food Code.

Exception: residential toasters, mixers, microwave ovens, and hot water heaters may be used.

Manufacturer's specification sheets for each piece of equipment should be included.

At least one (1) hand wash sink shall be located in the food preparation area.

Rev 1/22

**Plans shall be approved by the Cleveland County Environmental Health prior to initiating construction. Construction shall comply with approved plans. Any and all revisions made to plans after initial approval must be re-submitted.**

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*Review and approval of these plans and specifications by the Cleveland County Environmental Health does not indicate compliance with any other federal, state, or local code, law or regulation. A pre-opening inspection of the establishment with equipment will be necessary to determine compliance with the local and state laws governing food service establishments. You will be responsible for obtaining approval from appropriate zoning and building inspection departments. Their numbers are included below to assist you.*

**ZONING / BUILDING INSPECTION**

Shelby 704-484-6805  
Kings Mountain 704-734-4599  
Cleveland County 980-484-4975/4997

**FIRE MARSHALLS**

704-484-6816  
704-734-0555  
704-481-4841

If your business will be located in any jurisdiction other than those listed above, please check with your city manager and/or town hall for permitting assistance.

**APPLICATION AND PAYMENT CAN BE SUBMITTED IN PERSON OR BY MAIL TO:**

Cleveland County Permits Office  
1333 Fallston Road  
Shelby, NC 28150

\*\*\* Please call 980-484-4779 to arrange for submission and payment of fees\*\*\*

**Date Application Submitted:** \_\_\_/\_\_\_/\_\_\_

**Applicant's Signature:** \_\_\_\_\_