



TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Environmental Health Section
98 E. Morgan St, Ste 170, Brevard, NC 28712
(828) 884-3139 x2 Fax: (828)884-3259

Receipt # \_\_\_\_\_
Date Rec'd \_\_\_\_\_

FOOD SERVICE PLAN REVIEW APPLICATION

\_\_\_ NEW \_\_\_ REMODEL \_\_\_ CHANGE OF OWNERSHIP

Name of Establishment \_\_\_\_\_
Physical Location \_\_\_\_\_
Mailing Address \_\_\_\_\_
Telephone : \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Proposed Permit Holder \_\_\_\_\_
Mailing Address \_\_\_\_\_
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_
E-mail Address: \_\_\_\_\_

Contractor \_\_\_\_\_
Mailing Address \_\_\_\_\_
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_
E-mail Address: \_\_\_\_\_

Architect or Engineer \_\_\_\_\_
Mailing Address \_\_\_\_\_
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_
E-mail Address: \_\_\_\_\_

Applicant's Name \_\_\_\_\_
Mailing Address (if not already given above) \_\_\_\_\_
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_
E-mail Address: \_\_\_\_\_

Projected Date for Start of Construction \_\_\_\_\_
Projected Date for Completion of Project \_\_\_\_\_

The following information and a check for \$200 made payable to Transylvania County must be enclosed with this application. Please see attached sheets for details.

- \_\_\_ FINISH SCHEDULE \_\_\_ FACILITY PLAN
\_\_\_ EQUIPMENT DETAILS \_\_\_ SITE PLAN
\_\_\_ MENU

On-line Construction guidelines: www.deh.enr.state.nc.us/ehs/fsac/fesac.htm
On-line Rules: www.deh.enr.state.nc.us/ehs/rules.htm

In addition to the Health Department, the following agencies must be contacted.

Building Permitting & Enforcement
Jeff Fisher, Chief 884-3209

Planning and Zoning (County)
Mark Burrows 884-3205

County Finance Office
(Room Occupancy Tax)
Christy Stansell 884-3200

Fire Marshall
Gerald Grose 884-3235 x2

City of Brevard Planning/Licensing
Josh Freeman 883-3880/883-8580

Establishment Name: \_\_\_\_\_

Number of Staff (maximum per shift) \_\_\_\_\_  
 Number of Dining Room Seats \_\_\_\_\_  
 Projected Number of Meals to be Served: \_\_\_\_\_

Total Square Footage of Facility \_\_\_\_\_  
 Number of Outdoor Seats \_\_\_\_\_  
 Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

**TYPE OF SERVICE (check all that apply)**

- Sit Down Meals \_\_\_\_\_
- Multi-Use Utensils \_\_\_\_\_
- Single Service Utensils \_\_\_\_\_
- Take Out \_\_\_\_\_
- Catering \_\_\_\_\_
- Push Cart \_\_\_\_\_
- Mobile Food Unit \_\_\_\_\_
- Limited Food Service \_\_\_\_\_

**HOURS OF OPERATION:**

- Sunday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- Monday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- Tuesday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- Wednesday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- Thursday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- Friday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- Saturday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

**FINISH SCHEDULE**

Applicants must fill in materials (i.e., quarry tile, stainless steel, 6" plastic covered molding, etc.) Finish schedule does not need to be completed if included on blueprints/plans.

AREA	FLOOR	BASE	WALLS	CEILING
<b>Kitchen</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Waitstaff Station</b>				
<b>Bar</b>				
<b>Restrooms</b>				
<b>Dressing Rooms</b>				
<b>Mop/Can Wash</b>				
<b>Garbage &amp; Refuse</b>				
<b>Other</b>				
<b>Other</b>				



Establishment Name: \_\_\_\_\_

**HOT WATER DETAILS**

1. Bowl size of 2- or 3-compartment sink(s) to be used for manual dishwashing:

L\_\_\_\_\_ x W\_\_\_\_\_ x D\_\_\_\_\_.

2. Information on Proposed (or existing) Hot Water Heater (s):

**GAS:**

**ELECTRIC:**

Btu rating: \_\_\_\_\_

kW rating: \_\_\_\_\_

Gallons of storage: \_\_\_\_\_

Gallons of storage: \_\_\_\_\_

Efficiency of unit (%): \_\_\_\_\_

(If not specified, 76% will be used)

**SIGNATURES:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Completed

**FOR CHANGE OF OWNERSHIP ONLY:**

New Permit Holder \_\_\_\_\_  
(Corporate Name, Individual Owner's Name, Etc.)

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

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

Present owner must sign below:

I hereby grant the above applicant and the Transylvania County Health Department permission to conduct an evaluation for the purpose of identifying non-compliant items at \_\_\_\_\_. I understand that no permit can be issued to the applicant until legal transfer of ownership and/or execution of a valid lease has occurred.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date