



FOOD AND LODGING DIVISION
Architectural Plan Review Section
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Thank you for using the Architectural Plan Review Section of the Guilford County Health Department. If we can be of further assistance, please contact us. We can be reached by telephone between 8:30 a.m. and 9:30 a.m. otherwise a voice mail message may be left.

The following items will be needed to complete the plan review process:

- 1 - A complete menu,
- 2 - Scaled drawing or plan blueprint of the facility,
- 3 - Equipment cut sheets,
- 4 - If any custom millwork is to be done, shop drawings of the piece of millwork and,
- 5 - A completed application.
- 6 - The plan review fee is \$250.00 due at submission of plan.

A complete set of drawings or plans consists of the following:

- 1 - finish schedules,
- 2 - scaled drawing of the kitchen and related areas and,
- 3 - water heater location.

*Additional information may be requested, as all concepts and operations are unique.

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Only complete applications will be accepted. You can choose to deliver this information to our Administrative Assistant or mail it to the above address. Please allow adequate time (generally, less than 30 days) for review of any delivered plans. You may call the office to follow through with the plan.

Additionally, you will need to confer with the Inspection Department in your jurisdiction to verify the need for:

- 1 - Grease trap and/or
- 2 - Reduced pressure backflow preventer.

Additional Resources:

Guilford County Web site: <http://www.myguilford.com/>
Restaurant Rules web site: <http://ehs.ncpublichealth.com/rules.htm>



Division of Environmental Health Architectural Plan Review Application

Please complete all pages of the application

A. Demographic Details

Name of Establishment _____ Site Location Address _____

Primary Contact Person _____ Phone Number _____ FAX Number _____ E-Mail _____

Equipment Supplier _____ Address _____ Phone Number _____ E-Mail _____

Contractor _____ Phone Number _____ FAX Number _____ E-Mail _____

Plans submitted by _____ Date _____

Phone Number _____ Plan Received by _____ Date _____

B. Construction Details

Type of Construction New Existing Building Renovation

Water Supply Municipal | **Well** *Requires Approval from Water Quality Section* > 400 W. Market St., Greensboro, NC

Sewage Disposal Municipal | **Septic Tank** > Phone 641-7613
Complete Supplemental Information Form

of Seats _____ # of Employees _____ Operating Hours _____

Drive-Thru Window _____ # of Restrooms _____

Projected # of days between deliveries _____ Projected # of meals daily (Break/Lunch/Dinner) ____/____/____

Elevations Submitted: (Items marked with an * are required for a complete submission)

Equipment Plan * Plumbing Plan* Lighting Plan*
 Ventilation Plan Site Plan Shop Drawings*

Specifications Submitted: (All items are required for a complete submission)

Menu Equipment Specifications Finish Schedule
 Other _____

C. Operation Details

Other Information

Type of service: Restaurant Food Stand Drink Stand Commissary Meat Market Lodging

If other please explain: _____ (Lodging go to Section D)

Check all that apply:

Which best describes you food service? Dine In Meals Take Out Meals Catering

Other (please describe): _____

What types of utensils will be used in this facility? Plates Glassware Silverware Disposable Only

Produce

Will produce require washing prior to preparation? Yes / No
If no is selected documentation of "ready-to-eat" state will be required.

Is there an approved location used for washing and/or preparing produce? Yes / No

Describe your procedure and location: _____

Meats

Will meats require washing prior to preparation? Yes / No

Is there an approved location used for washing and/or preparing meats? Yes / No

Describe your procedure and location: _____

Seafood

Will fish and/or seafood (including shrimp, scallops & oysters) require washing prior to preparation? Yes / No

Is there an approved location used for washing and/or preparing seafood? Yes / No

Describe your procedure and location: _____

Poultry

Will poultry require washing prior to preparation? Yes / No

Is there an approved location used for washing and/or preparing poultry? Yes / No

Describe your procedure and location: _____

Will food be held: Hot (>135° F) **Holding method used:** _____ **How long held:** _____
Cold (<45° F) **Holding method used:** _____ **How long held:** _____

Which best describes you food service? Dine In Meals Take Out Meals Catering

Other (please describe): _____

What types of utensils will be used in this facility? Plates Glassware Silverware Disposable Only

THAWING

Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked indicate type of food: _____

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running Water less than 70 ⁰ F (21 ⁰ C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked Frozen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microwave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COOLING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) will be cooled to 70⁰F (21⁰C) within 2 hours and to 45⁰F (7^o C) with in another 4 hours.

If "Other" is checked indicate type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice Baths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid Chill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Lodging

of Rooms _____ # of Employees _____ # of Restrooms _____

Daily Rentals Weekly or Longer Rentals

Type of food service: Restaurant Drink Stand No Food or Beverage Service Market

If other, please explain: _____

Which best describes your food service? Dine In Meals Take Out Meals Catering

Other (please describe): _____

What types of utensils will be used in this facility? Plates Glassware Silverware Disposable Only

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____

(Owner or Responsible Representative)

Please remit the application and all supporting information to:
(only complete applications will be accepted)

Guilford County Department of Public Health
Environmental Health Division
1203 Maple Street
Greensboro, NC 27405

Environmental Health Division

Supplemental Well and Sewage Disposal System Information Form

Facility Information:

Type of Establishment _____

Square Footage - Foodservice areas _____

Number of Public Restrooms _____

Estimated # of Meals per Day _____

Dishwasher ____ or Single Service _____

Other Comments:

Existing Well and Sewage Disposal System Information:

Date S.T. System Installed _____ Permit # _____

Date Well Installed _____ Permit # _____

Name of Owner at time of Installation _____

Please list any known Well or Septic Tank specifications and Location information:

WQ Report:

EHS Signature _____