



**ORANGE COUNTY
HEALTH DEPARTMENT**

Environmental Health Services
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TRANSITIONAL PERMIT APPLICATION

Current Name of the Establishment: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Current Owner: _____ (Person, Corporation or Partnership)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

New Name of Establishment (if changed): _____

New Owner: _____ (Person, Corporation or Partnership)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Projected Date of Purchase: _____

A complete menu must be submitted with this application. Please list any menu changes you propose.

I certify that the information in this application is correct.

Signature: _____ Date: _____

Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

Restaurant

Sit-down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Single-service (disposable):

Plates Glassware Silverware

Meat Market

Multi-use (reusable):

Other (explain): _____ Plates Glassware Silverware

Indicate any **specialized processes** that will take place:

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging
- Smoking Sprouting Beans Other

Explain checked processes:

Indicate any of the following **highly susceptible populations** that will be catered to or served:

- Nursing Home Child Care Center Health Care Facility
- Assisted Living Center School with pre-school aged children

COLD STORAGE

Method used to determine cold storage requirements:

Cubic-feet of reach-in cold storage:

Cubic-feet of walk-in cold storage:

Reach-in refrigerator storage: _____ ft³

Walk-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING

Prepared food that will be held **hot** for service:

COLD HOLDING

Prepared food that will be held **cold** for service:

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 45⁰F (7⁰C) within 6 hours. If "Other" is checked indicate type of food: _____

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

THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed. If "Other" is checked indicate type of food: _____

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

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time: _____

Square feet of dry storage shelf space: _____ ft²

Where will dry goods be stored?

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other				
Other				

WATER SUPPLY - SEWAGE

1. Is water supply: Municipal Well Is sewer: Municipal Septic

2. Will ice: be made on premises or purchased

3. Water heater:

- Tank type:

- a. Manufacturer and model: _____

- b. Storage capacity: _____ gallons

- Electric water heater: _____ kilowatts (kW)

- Gas water heater: _____ BTU's

- c. Water heater recovery rate (gallons per hour at 80°F temperature rise): _____ GPH

(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)

- Tankless:

- a. Manufacturer and model: _____

- b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)

4. Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAREWASHING EQUIPMENT

a. Manual Warewashing

1. Size of sink compartments (inches): Length: ____ Width: ____ Depth: ____
2. What type of sanitizer will be used?
Chlorine: Iodine: Quaternary Ammonium: Hot Water: Other (specify):

b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes No
Warewashing machine manufacturer and model: _____
2. Type of sanitization: Hot water (180°F) Chemical

c. General

1. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

Square feet of air drying space: ____ft²

HANDWASHING

Indicate number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

REFUSE AND RECYCLABLES

- 1. Will refuse be stored inside? Yes No
If yes, where _____
- 2. Provision for refuse disposal: Dumpster Compactor
- 3. Provision for cleaning dumpster/compactor: On-site Off-site
If off-site cleaning, provide name of cleaning contractor: _____
- 4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.):

SERVICE SINK

- 1. Location and size of service (mop) sink/can wash: _____
- 2. Is a separate mop storage area provided? Yes No If yes, describe type and location:

INSECT AND RODENT CONTROL

- 1. How is protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
- 2. How is protection provided on windows?
Self-closing Fly Fan Screening

LINEN

- 1. Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

- 1. Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:
