



**Environmental Health Division  
Architectural Plan Review Application**

**C. Operation Details**

Other Information

**Type of food service:** Restaurant  Food Stand  Drink Stand  Commissary  Meat Market

If other please explain: \_\_\_\_\_

**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 produce? 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:** \_\_\_\_\_

**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° F (21° 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 70° F (21° C) within 2 hours and to 45° F (7° 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"/>

**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:  
 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:

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### *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:

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*WQ Report:*

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*EHS Signature* \_\_\_\_\_