



Renovation Review Application for an Existing Food Service Establishment

This Renovation Review is provided to ensure NC Food Code requirements are met.

Durham City / County building permit number (LDO) _____

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

Name of Establishment: _____

Address: _____

City: _____ State: NC Zip Code: _____

Phone (if available): _____ - _____ - _____ Cell: _____ - _____ - _____

E-mail Address: _____

Name of Legal Ownership: _____

Type of Ownership: association, corporation, individual, partnership, or other legal entity:

Names and Titles of Persons in Legal Ownership: _____

Legal Ownership Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Name of Ownership Local Agent: _____

Local Agent Email Address: _____

Project Contact Person Name: _____

Contact Person Telephone: _____ - _____ - _____

Contact Person E-mail Address: _____

I certify that the information in this application is correct, and I understand that any changes after submission may void or delay plan approval.

Name: _____
PLEASE PRINT NAME

Signature: _____ Date: _____
Owner or representative





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The following information is important for the renovation review application to be complete:

Please list any changes that you are considering for this facility:

Attach a separate sheet if needed

- Proposed menu with any changes noted
- **Only if floor plan changes are planned** - provide a floor plan drawn to scale (1/4” =1 foot) showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities. Drawings can be submitted in adobe pdf.
- Provided specification sheets for each piece of new or replacement equipment. All new equipment must be identified on a separate list. All equipment must be NSF listed, UL classified for sanitation or be constructed to meet NSF/ANSI standards.

Hours of Operation

Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____
 Saturday _____ Sunday _____

Type of Food Service (Check all that apply)

Restaurant _____ Sit-down meals _____ Food Stand (no seats provided) _____ Take-out _____

Drink Stand (no food served but using multi-use glassware) _____ Lodging Food Service _____

Meat Market _____ Commissary _____ Catering _____ Mobile food _____

Other (Explain) _____

Single-Service utensils _____ Multi-use utensils _____





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Food Processing Procedures

Specialized processes

The processes below require an application to the State for an approved variance.

Indicate any specialized processes that will take place:

- Curing
- Acidification (sushi, etc.)
- Sprouting Beans
- Smoking
- Reduced Oxygen Packaging (eg: Vacuum sealing)
- Fermentation
- Other

Explain checked processes on separate sheets: included: yes ____ No ____

Additional information will be provided by the health department to complete the application.

Complete the following where changes to menu and food preparation are planned.

Water Supply–Sewage Disposal-Equipment Specifications

Water Supply: City _____ Well _____ **Sewer:** City _____ Onsite _____

Water Heater Specifications: (Manufacturer information sheet or plate on tank)

Manufacturer _____ Model _____

Tank Size: (gallons) _____ Recovery @ 100° Rise _____

Power Rating: Gas _____ (BTU'S) Electric _____ (kW)

Dish machine:

(Manufacturer information sheet or plate on machine)

Manufacturer _____ Model _____

Booster Heater Yes ____ No ____ Gallons per Hour _____

Chemical Sanitizer Yes ____ No ____

Leased Machine Yes ____ No ____

Three-compartment Pot Wash Sink:

Sink Size (in inches) front to back _____” x Width _____” x Depth _____”

Drain Board: Width _____” x Depth _____”

Indirect Drains Yes ____ No ____





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Can Wash/ Mop Sink: (36" x 36") Location _____

Disposal of Solid Waste: Dumpster _____ Roll out Cart _____

Thawing

Check the appropriate box to indicate how food will be thawed

Thawing Process	Meat	Seafood	Poultry	Vegetables	Other
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as Part of Cooking Process					

Cooling

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 45° after being cooked.

Cooling Process	Meats	Seafood	Poultry	Vegetables	Soups	Sauce
In the refrigerator in shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

Preparation Procedures

Produce:

Will produce be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will produce be prepared and / or rinsed? _____
 Additional information: _____

Seafood:

Will Seafood be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will seafood be prepared and / or rinsed? _____
 Additional information: _____

Poultry:

Will poultry be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will poultry be prepared and / or rinsed? _____
 Additional information: _____

Pork and / or Red Meat:

Will pork and / or red meat be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will pork or red meat be prepared and / or rinsed? _____

