



Madison County Health Department Environmental Health

◇ 5707 US Hwy 25/70, Suite 26 ◇ Marshall, NC 28753 ◇
◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇

envhealth@madisoncountync.gov

Tammy Cody, MHS
Health Director

Melissa Robertson, MD
Medical Director

LODGING APPLICATION

Proposed Name of Establishment: _____ Phone: _____

Address: _____

Owner Name: _____ Phone: _____

Mailing Address: _____

Fax: _____ Email: _____

Contact Name: _____ Phone: _____

Is this a chain or franchise? Yes No
(If yes, submit plans for review to NCDENR, 1630 Mail Service Center, Raleigh NC 27699-1630)

TYPE OF SERVICE (CIRCLE ALL THAT APPLY)

Hotel / Motel

Bed and Breakfast Home

Bed and Breakfast Inn

Other _____

Number of Rooms _____

Continental breakfast provided? Yes or No
**If "yes" please attach menu to application.*

Building Information: New or Existing

Proposed Construction/Remodel Date: _____ Proposed Opening Date: _____

Water Supply: City/Municipal; Well; Other: _____

Sewage Disposal: City/Municipal; Septic System; Other: _____

Please submit this application with the following items:

- 1) Site plans & equipment layout (drawn to scale, recommend 1/4"=1')
- 2) Equipment specifications (make, model, spec sheets)
- 3) Plumbing and Lighting layouts
- 4) Well &/or septic system information, if applicable.
- 5) \$200 Plan Review fee

I (we) understand that written approval of plans must be obtained prior to construction.

Signature: _____ **Date:** _____

******Please contact all other applicable agencies and organizations as required by law.******



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Food Service Plan Review Application

Type of Construction: NEW REMODEL

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County _____

Phone (if available): ____ - ____ - ____ Fax: ____ - ____ - ____

.....

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: ____ - ____ - ____ Fax: ____ - ____ - ____

E-mail Address: _____

.....

Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: ____ - ____ - ____ Fax: ____ - ____ - ____

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

I 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)



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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

- | | |
|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sit-down meals |
| <input type="checkbox"/> Food Stand | <input type="checkbox"/> Take-out meals |
| <input type="checkbox"/> Drink Stand | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Commissary | Single service (disposable): |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware |
| <input type="checkbox"/> Other (explain): _____ | Multi-use (reusable): |
| | <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware. |

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

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Curing | <input type="checkbox"/> Acidification (sushi, etc.) | <input type="checkbox"/> Reduced Oxygen Packaging (eg: Vacuum) |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Sprouting Beans | <input type="checkbox"/> Other |

Explain checked processes: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Health Care Facility |
| <input type="checkbox"/> Assisted Living Center | <input type="checkbox"/> School with pre-school aged children. | |



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COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage:

Reach-in refrigerator storage: _____ft³

Reach-in freezer storage: _____ft³

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: _____ft³

Walk-in freezer storage: _____ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING

Food that will be held **hot**: _____

COLD HOLDING

Food that will be held **cold**: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 41^oF (5^oC) 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 ^o F (21 ^o 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"/>



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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



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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				



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WATER SUPPLY AND 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 rise): _____ GPH
 - Tankless:
 - a. Manufacturer and model: _____
 - b. Quantity of tankless water heaters: _____
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"/>



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WAREWASHING EQUIPMENT

a. Manual Warewashing

a. Size of sink compartments (inches): Length: ____ Width: ____ Depth: ____

b. What type of sanitizer will be used?

Chlorine ; Iodine ; Quaternary Ammonium ; Hot Water ; Other

b. Mechanical Warewashing

a. Will a warewashing machine be used? Yes No

b. Warewashing machine manufacturer and model: _____

c. Type of sanitization: Hot water (180°F) or Chemical (*quat, bleach, iodine, other*)

c. General

a. 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: _____

b. 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:



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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?
 - a. Self-closing door Fly Fan Screen Door
2. How is protection provided on windows?
Self-closing Fly Fan Screening

LINEN

Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

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