



## **GREENBRIER COUNTY HEALTH DEPARTMENT**

9109 SENECA TRAIL SOUTH  
RONCEVERTE, WV 24970  
ENVIRONMENTAL HEALTH  
304-645-1539

# **IMPORTANT PLEASE READ!**

### Food Establishment Permit Checklist:

- \* Fire Marshal Approval – Do you have a current fire marshal inspection? In most circumstances, a new restaurant must have an occupancy inspection completed by the fire marshal prior to opening. You must contact the fire marshal's office to schedule this inspection. **In most situations, the health department cannot issue a permit without a valid fire marshal inspection.**
- \* Building Inspector Approval – Depending on the location of the new restaurant, please contact the municipal or county building inspector's office to obtain a building permit and schedule a building inspection. **The health department cannot issue a permit until a building inspection has been completed or we are provided documentation showing a building inspection is not required.**
- \* **If water for the establishment will be provided by a private well, the health department cannot issue a permit until the water system has been permitted for use by the State of WV.** You must contact the West Virginia Department of Environmental Engineering to obtain this permit. If the Department of Environmental Engineering determines you do not require a water system permit, please notify the health department in a timely manner.
- \* Plan Review + Application – **The health department cannot issue a permit until a plan review document and application have been completed and sent to the health department with all relevant documentation.** Partially completed documents cannot be reviewed and will be sent back for completion. Building blueprints and equipment spec sheets must be included with your plan review.
- \* Permit fee + plan review fee payment – **The health department cannot issue a permit until the full permit fee & plan review fee has been paid.**
- \* Preopening Inspection – **Once the above steps have been completed, please contact the health department to schedule an opening inspection. Please note that the restaurant shall be ready for customers to enter the building. We cannot issue an opening permit to a partially completed restaurant.** If you would like a walkthrough with the health department prior to completing the building, do not hesitate to contact us and we will schedule one in a timely manner.
- \*Please note the health department will assist you as much as possible in completing this checklist. It is in your interest to contact the health department well in advance of your planned opening date and we would be happy to schedule a preliminary walkthrough or answer any questions.

## CONTACTS

### West Virginia Fire Marshall

[www.firemarshal.wv.gov](http://www.firemarshal.wv.gov)

(304) 558-2191

### West Virginia Division of Environmental Engineering

<http://www.wvdhhr.org/oehs/eed/beckleystaff.asp>

(304) 256-6666

### Greenbrier County Building Inspector's Office

<https://greenbriercounty.net/departments/planning-permit/>

(304) 647-6689





SF-5  
Rev 5/08

West Virginia Department of Health & Human Resources  
Department of Health

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

**Food Establishment:** Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**Applicant:** Name \_\_\_\_\_ Age ≥ 18?  Yes  No Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

**Permit Holder:** Permit to be issued to:  Applicant  Corporation  Partnership  Other Legal Entity \_\_\_\_\_

**Ownership:**  Individual  Association  Corporation  Partnership  Other Legal Entity \_\_\_\_\_

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Directly Responsible for Establishment (Manager, Person-In-Charge):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

SF-35  
Rev. 5/2008

**Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Type Establishment:**  Mobile or  Stationary  Permanent or  Temporary (≤ 14 days)

**Restaurant** - includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.

**Retail Food Store** - grocery store, convenience store, meat market, etc.

Indicate Number of Checkout Stations: \_\_\_\_\_

**Retail Food Store Specialty Department** - deli, bakery, seafood, etc.

**Institution** - child care center, hospital, jail, nursing home, personal care home, school, etc.

**Bar or Tavern**  **Vending Machine(s)**  **Food Bank / Food Pantry**

Meals Provided:  Breakfast  Lunch  Dinner Services Provided:  Sit Down  Take Out  Delivery  Mail Order

Seating Capacity: \_\_\_\_\_ Average number of meals served per day: \_\_\_\_\_

Yes  No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

**Type Operation:** Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

**No PHF** Prepackaged non-PHF only or limited preparation of non-PHF

**Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.

Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores,

Excluding specialty departments within retail food stores.

**Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.

Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**For Health Department Use Only**

Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_ Permit Fee \_\_\_\_\_

Permit  Issued  Denied Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Comments \_\_\_\_\_

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Regulatory Au  
Contact Name

Name of Establ  
Category: Rest

Physical and M

Name of Own

Telephone: \_\_\_\_\_

Applicant's Nat

Title owner, in

Mailing Address





**West Virginia Department of Health and Human Resources  
Bureau for Public Health  
Office of Environmental Health Services  
Public Health Sanitation Division**

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION TO BE COMPLETED BY  
THE OPERATOR AND SUBMITTED TO THE REGULATORY AUTHORITY**

Regulatory Authority \_\_\_\_\_

Contact Name and Phone \_\_\_\_\_ Date Received \_\_\_\_\_

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION FOR:**

\_\_\_NEW \_\_\_REMODEL \_\_\_CONVERSION

Name of Establishment: \_\_\_\_\_

Category: Restaurant \_\_\_\_, Institution \_\_\_\_, Daycare \_\_\_\_, Retail Market \_\_\_\_, Other \_\_\_\_\_

Physical and Mailing Address: \_\_\_\_\_

Phone if available: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

**1 set of plans is required to be submitted to the local health dept. 45 days prior to construction or operation**

**Note: Not all sections may be applicable to every establishment. Contact above Reg. Agency if you have questions.**

I have submitted plans/applications to the following authorities (if applicable) on the following dates:

_____ Governing Board of Council	_____ Plumbing
_____ Zoning	_____ Electric
_____ Planning	_____ Police
_____ Building	_____ Fire
_____ Conservation	_____ Other ( )

Hours of Operation:      Sun \_\_\_\_\_      Thurs \_\_\_\_\_  
   Mon \_\_\_\_\_      Fri \_\_\_\_\_  
   Tues \_\_\_\_\_      Sat \_\_\_\_\_  
   Wed \_\_\_\_\_

Number of Indoor Dining Seats: \_\_\_\_\_

Number of Outdoor Dining Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_  
(Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which  
operations are conducted \_\_\_\_\_

Maximum Meals to be Served:      Breakfast \_\_\_\_\_  
(approximate number)              Lunch \_\_\_\_\_  
   Dinner \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service:                      Sit Down Meals \_\_\_\_\_  
(check all that apply)              Take Out \_\_\_\_\_  
   Caterer \_\_\_\_\_  
   Mobile Vendor \_\_\_\_\_  
   Other \_\_\_\_\_

Please enclose the following documents:

\_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)

\_\_\_\_\_ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

\_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan

\_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)

\_\_\_\_\_ Equipment schedule

### **CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Food equipment schedule, which includes the make and model numbers and listing of equipment, must be submitted. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Label and locate warewashing sinks and/or dishwashers.
7. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
8. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
9. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
10. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;

c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

d. Lighting schedule with protectors;

e. A color coded flow chart demonstrating flow patterns for:

- food (receiving, storage, preparation, service);
- food and dishes (portioning, transport, service);
- dishes (clean, soiled, cleaning, storage);
- utensil (storage, use, cleaning);
- trash and garbage (service area, holding, storage);

f. Ventilation schedule for each room;

g. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

h. Garbage can washing area/facility;

i. Cabinets for storing toxic chemicals;

j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

k. Completed Food Est. Plan Review Application (SF-35)

l. Site plan (plot plan)

**PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS**

**FOOD SUPPLIES:**

1. Are all food supplies from approved sources? YES / NO

2. What are the projected frequencies of deliveries for Frozen foods \_\_\_\_\_,  
Refrigerated foods \_\_\_\_\_, and Dry goods \_\_\_\_\_.

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage \_\_\_\_\_,  
Refrigerated Storage \_\_\_\_\_, and  
Frozen storage \_\_\_\_\_.

4. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.).

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**FOOD PREPARATION PROCEDURES:**



Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc. When (time of day and frequency/day) food will be handled/prepared

READY-TO-EAT FOOD (salads, cold sandwiches, raw shellfish)

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PRODUCE

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POULTRY

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MEAT

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SEAFOOD

- 2. Are screen doors provided on all entrances left open to the outside? ( ) ( ) ( )
- 3. Do all window openings have a minimum #16 mesh screening? ( ) ( ) ( )
- 4. Is the placement of electrocution devices identified on the plan? ( ) ( ) ( )
- 5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? ( ) ( ) ( )
- 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? ( ) ( ) ( )
- 7. Will air curtains be used? If yes, where? \_\_\_\_\_ ( ) ( ) ( )

**C. GARBAGE AND REFUSE**

- 1. Will refuse be stored inside? Do all containers have lids? ( ) ( ) ( )
- 2. Is there an area designated for garbage can or floor mat cleaning ( ) ( ) ( )
- If so, where? \_\_\_\_\_

- 3. Will a dumpster or compactor be used? ( ) ( ) ( )
- Number \_\_\_\_\_ Size \_\_\_\_\_
- Frequency of pickup \_\_\_\_\_
- Contractor \_\_\_\_\_

- 11. Will garbage cans be stored outside? ( ) ( ) ( )
- 12. Describe surface and location where dumpster/compactor/garbage cans are to be stored

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 13. Describe location of grease storage receptacle
- \_\_\_\_\_
- \_\_\_\_\_

- 14. Is there an area to store recycled containers? ( ) ( ) ( )

\_\_\_\_\_

\_\_\_\_\_

Indicate what materials are required to be recycled;

( ) Glass

- ( ) Metal
- ( ) Paper
- ( ) Cardboard
- ( ) Plastic

15. Is there any area to store returnable damaged goods?

( ) ( ) ( )

**D. PLUMBING CONNECTIONS**

	<b>AIR GAP</b>	<b>AIR BREAK</b>	<b>*INTEGRAL TRAP</b>	<b>**P" TRAP</b>	<b>VACUUM BREAKER</b>	<b>CONDENSATE PUMP</b>
<b>Toilet</b>						
<b>Urinals</b>						
<b>Garbage Grinder</b>						
<b>Ice machines</b>						
<b>Ice storage bin</b>						
<b>Sinks</b> a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
<b>Steam tables</b>						

Dipper wells						
Refrigeration condensate/ drain lines						
Hose connection						
Potato peeler						
Beverage Dispenser w/carbonator						
Other						

\* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A 'P' trap is a fixture trap that provides a liquid seal in the shape of the letter 'P.' Full 'S' traps are prohibited.

1. Are floor drains provided & easily cleanable, if so, indicate location:

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**E. WATER SUPPLY**

1. Is water supply public ( ) or non-public/private ( )?

2. If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

3. Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )

Describe provision for ice scoop storage: \_\_\_\_\_

Provide location of ice maker or bagging operation \_\_\_\_\_

4. What is the capacity of and location of the hot water generator?

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 under Section III in this manual)

6. Is there a water treatment device? YES ( ) NO ( )

If yes, how will the device be inspected & serviced?

7. How are backflow prevention devices inspected & serviced?

**F. SEWAGE DISPOSAL**

1. Is building connected to a municipal sewer? YES ( ) NO ( )

2. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES ( ) NO ( ) If so, where? \_\_\_\_\_

4. Size of trap? \_\_\_\_\_ Approval letter from Sanitary Bd. Provided? ( )Yes ( ) No

Provide schedule for cleaning & maintenance \_\_\_\_\_

**G. DRESSING ROOMS**

1. Are dressing rooms provided? YES ( ) NO ( )

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

**H. GENERAL**

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES ( ) NO ( )

Indicate location: \_\_\_\_\_

\_\_\_\_\_

2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ( ) NO ( )

3. Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES ( ) NO ( )

4. Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where? \_\_\_\_\_

\_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

5. Is a laundry dryer available? YES ( ) NO ( )

6. Location of clean linen storage: \_\_\_\_\_

\_\_\_\_\_

7. Location of dirty linen storage: \_\_\_\_\_

\_\_\_\_\_

8. Are containers constructed of safe materials to store bulk food products? YES ( ) NO ( )

9. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: YES / NO

10. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO

If not, how will ready-to-eat foods be cooled to 41°F?

\_\_\_\_\_

\_\_\_\_\_

11. Will all produce be washed on-site prior to use? YES / NO

12. Is there a planned location used for washing produce? YES / NO

If yes, describe the location.

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If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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13. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

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14. Will the facility be serving food to a highly susceptible population? YES / NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

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15. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

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16. How is each listed ventilation hood system cleaned?

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**I. SINKS**

1. Is a mop sink present? YES ( ) NO ( )

If no, please describe facility for cleaning of mops and other equipment:

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2. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

**J. DISHWASHING FACILITIES**

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Two compartment sink ( )

Three compartment sink ( )

2. Dishwasher—type of sanitization used?

Hot water (temp. provided) \_\_\_\_\_

Booster heater \_\_\_\_\_

Chemical type \_\_\_\_\_

Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?  
YES ( ) NO ( )

5. Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

If no, what is the procedure for manual cleaning and sanitizing?

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6. Are there drain boards on both ends of the pot sink?

YES ( ) NO ( )

7. What type of sanitizer is used?

Chlorine

Quaternary ammonium

Hot Water

Other

8. Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )

**K. HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in each food preparation and warewashing area? YES ( ) NO ( )

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )

4. Is hand cleanser available at all handwashing sinks? YES ( ) NO ( )

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?

YES ( ) NO ( )

6. Are covered waste receptacles available in each restroom? YES ( ) NO ( )

7. Is hot and cold running water under pressure available at each handwashing sink? YES ( ) NO ( )

8. Are all toilet room doors self-closing? YES ( ) NO ( )

9. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

10. Is a handwashing sign posted in each employee restroom? YES ( ) NO ( )

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.**

Signature(s)

\_\_\_\_\_  
Owner(s) or responsible representative(s)

Date: \_\_\_\_\_

**Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**

**Applicants that do not agree with the decision of the reviewer are entitled to appeal by submitting a request for reconsideration in writing to the Health Officer at the local health department within 30 days of receipt of the notification of decision. 64CSR1**

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This document has been adapted from the FDA 2008 Plan Review Guide in cooperation with the WV Food Safety and Defense Task Force

Food Est. Guide for Design, Installation, and Construction Recommendations

*<http://www.wvdhhr.org/phs/>*