



Transitional Plan Review Application
for an Existing Food Service Establishment

Transitional permits are valid for only 180 days from the date of issuance.
It is the owner's responsibility to complete the permit conditions before the expiration date.
Expiration of a transitional permit will require a full plan review application to be submitted.

Purchase Date:
Current Name of Establishment:
New Name of Establishment:
Address:
City: ZIP:
Phone (if available): Cell:
Email:

Name of Legal Ownership:
Type of Ownership: association, corporation, individual, partnership, or other legal entity:
Names & Titles of Persons in Legal Ownership:
Legal Ownership Address:
City: State: ZIP:
Phone: Cell:
Name of Ownership Local Agent:
Local Agent's Email:

Name of Project Contact:
Contact's Phone: Cell:
Contact's Email:

I certify that the information in this application is correct. I understand that any changes may delay issuance of a Transitional Permit.

Name (Please Print):
Signature: Date:

**Transitional Plan Review Application
for an Existing Food Service Establishment (continued)**

A new Food Service Plan Review Application must be completed if there are any changes to menu, kitchen design or equipment for this existing facility.

The information below is required for the Transitional Permit application to be complete:

- Proposed menu; including consumer advisory if needed.
- Transitional Plan Review Fee \$100.00.

Hours of Operation: (check all that apply)

Type of Operation: (check all that apply)

Day	Time Open	Time Closed	
<input type="checkbox"/> Sunday			<input type="checkbox"/> Sit-Down Meals
<input type="checkbox"/> Monday			<input type="checkbox"/> Take - Out
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Single - Service
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Multi-Use Utensils
<input type="checkbox"/> Thursday			<input type="checkbox"/> Catering
<input type="checkbox"/> Friday			<input type="checkbox"/> Other: (explain)
<input type="checkbox"/> Saturday			

Total Number of Seats: Inside _____ Outside _____

Specialized Food Processing Procedures

**Written approval must be in place prior to the use of specialized processes.
Use of any of these processes without approval can result in permit action.**

Will specialized food processes be conducted? Yes No

(8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process)

Check any specialized processes that will take place:

- Curing Smoking Acidification (fermenting/pickling)
- Sprouting Beans Dehydrating Sous Vide
- Reduced Oxygen Packaging (e.g., ROP, canning, vacuum packaging)
- Other: _____

You will need to submit your HACCP Plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment. (8-103.10 Modifications & Waivers)

Request an application from the State Variance Committee by email: ncvariancecommittee@dhhs.nc.gov