



Mecklenburg County Health Department

Institution Plan Review Application/New Operator Application

Name of Facility _____ Phone # _____

Physical Address of Facility _____ City _____ Zip _____

Owner of Facility _____ Phone # _____

Mailing Address of Facility _____ City _____ State _____ Zip _____

Applicant/Contact Person _____ Phone # _____

Applicant Email Address _____

Relation to owner (**mark one**): Architect Owner Employee Contractor Other _____

LUESA Commercial Plan Project Number (if applicable): _____

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

Type of facility: Hospital, Nursing Home, Adult Day Service Facility, Assisted Living,
 Other Institution: _____

Construction type: New, Remodel Existing Structure, Change of Ownership

Scope of work: _____

Sewage Disposal: Municipal (City of Charlotte) Septic Tank

Water Supply: Municipal (City of Charlotte) Well

Proposed operating days and hours: _____

Proposed date that facility will open: _____

Number of residents/patrons presently or requesting licensing for: _____

Adult Day Service only:

Meals provided: Breakfast Lunch Dinner Patrons will bring bag lunch

Meal preparation: Onsite Offsite/Specify location _____ how transported _____

Dining Utensil Type: Single-service Multi-use

A separate Food Service Application must be submitted if food is to be served within hospitals, nursing homes, assisted living, and other institutions.

BOTH APPLICANT AND OWNER/DIRECTOR MUST SIGN APPLICATION.

Applicant NAME & TITLE: _____ Signature _____
(PRINT)

Date _____

If this is a new facility being constructed:

SUBMIT THIS APPLICATION WITH PLANS TO LUESA. CONTACT LUESA AT (704) 336-2831 OR WWW.MECKPERMIT.COM

Visit <http://ehs.ncpublichealth.com/rules.htm> to view all sanitation regulations. Visit: <http://charmeck.org> to view plan review submittal requirements.