



# Mecklenburg County Health Department

## Lodging Plan Review Application/New Permit Application

### OWNER

Name of Facility \_\_\_\_\_  
Ownership Type:  Association  Corporation  Individual  Partnership  Other Legal Entity \_\_\_\_\_

Physical Address of Facility \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address of Facility \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### APPLICANT

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature attesting to the accuracy of this application \_\_\_\_\_

### PERSON IN CHARGE (leave blank if new construction)

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FACILITY INFORMATION

Type of lodging establishment:  Hotel/Motel\*  Bed and Breakfast Home (up to 8 rooms)  Bed and Breakfast Inn (up to 12 rooms)  
\*Extended stay rooms located in the same building as daily rentals are subject to permitting and inspection.

Construction type:  New  Remodel (excluding cosmetic or non-structural changes)  Change of Ownership

Scope of work: \_\_\_\_\_  
\_\_\_\_\_

# of guest rooms \_\_\_\_\_ # of buildings \_\_\_\_\_

Sewage Disposal:  Municipal (City of Charlotte)  Septic Tank

Water Supply:  Municipal (City of Charlotte)  Well

Food operations (if applicable):

prepares, or serves TCS (time/temp control for safety) foods to guest\*\*

prepares only food that is non TCS (time/temp control for safety) to guests (*opening and plating croissants or Danishes from bulk packaging; opening bulk can fruit; baking muffins*)

does not prepare, but serves only non TCS (time/temp control for safety) prepackaged food (*continental breakfast i.e. individual packaged muffins, cartons of milk, individual cereal packets, whole fruit*)

Bed and Breakfast Only: # of meals a day \_\_\_\_\_

Types of meals:  Breakfast  Lunch  Dinner

Menu(s) provided:  YES  NO

**\*\*If for a hotel or motel, then a separate Food Service Establishment Plan Review Application shall be submitted. All franchised/chain food service establishments shall be reviewed by NCDHHS.**

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://charmec.org> to view plan review submittal requirements.