



Mecklenburg County Health Department

School Plan Review Application/New School 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

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

Scope of work: _____

Year structure was originally built: _____

If structure is pre 1978, then a lead hazard investigation may be conducted in areas accessible to children under the age of 6.

Sewage Disposal: Municipal (City of Charlotte) Septic Tank

Water Supply: Municipal (City of Charlotte) Well

Meals: Individually pre-portioned meal Students will bring bag lunch

** Plan review is not required for Public and Non-Public schools, unless food is served at the school.

A separate Food Service Application must be submitted if the food served to students is not a bag lunch or individually pre-portioned.

Proposed operating days and hours: _____

Proposed date that facility will open: _____

Number of children presently or requesting approval for: _____

School: Grades (**check all that apply**): Pre-K (partial day), K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

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 Code Enforcement. Contact Code Enforcement at (980) 314-CODE or WWW.MECKPERMIT.COM