



Rowan County Health Department – Environmental Health Division
402 N Main Street, Suite 106 – Salisbury, NC 28144-4341

Lodging Plan Review Application/New Permit Application

15A NCAC 18A .1833 APPLICATION AND PLAN REVIEW

(a) Plans drawn to scale for new lodging establishments shall be submitted for review and approval to the local health department prior to initiating construction, or prior to construction of additions or renovations, excluding cosmetic or nonstructural changes to existing lodging establishments.

(b) An applicant shall submit an application for a permit or transitional permit at least 30 days before the date planned for opening the lodging establishment. The applicant shall submit to the regulatory authority a written application for a permit on a form provided by the regulatory authority.

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 # _____

Signature attesting to the accuracy of this application _____

Facility Information

Type of lodging establishment:

Hotel/Motel* Bed and Breakfast Home (up to 8 rooms) Bed and Breakfast Inn (up to 12 rooms)

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

Scope of work: _____

Number of guest rooms _____ Number of buildings _____

Sewage Disposal: Municipal Septic Tank

Water Supply: Municipal 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

SUBMIT THIS APPLICATION AND FEE (\$250.00 NEW CONSTRUCTION OR \$125.00 REMODEL) WITH PLANS TO ROWAN COUNTY ENVIRONMEANTAL HEALTH DEPARTMENT.

Visit :<http://ehs.ncpublichealth.com/rules.htm> to view all sanitation regulations.

Environmental Health Contacts:

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