



HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Lena H. Jones, MPA • Health Director

Parcel Id #: _____

Permit #: _____

LODGING ESTABLISHMENT

CONSTRUCTION TYPE:

- New
- Remodel (excluding cosmetic or non-structural changes)
- Change of Ownership
- Existing Structure, no construction requiring building permits

SUBMITTAL REQUIREMENTS:

- All franchised/chain food service establishments shall be reviewed by NCDHHS.
<https://ehs.dph.ncdhhs.gov/faf/food/planreview/index.htm>
- **New Lodging Establishment**
 - Plans drawn to scale prior to initiating construction
- **Renovation and Additions**
 - Plans drawn to scale prior to initiating construction
- **Application for Permit or Transitional Permit** shall be submitted at least 30 before the date planned for opening
- Visit: <https://ehs.ncpublichealth.com/rules.htm> to view all NC Sanitation Rules.

OWNER

Name of Facility _____

Ownership Type: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other Legal Entity _____

Physical Address of Facility _____ City _____ Zip _____

Mailing Address of Facility _____ City _____ Zip _____

Owner Email _____

APPLICANT

Applicant _____ Phone # _____

Applicant Mailing Address _____ City _____ Zip _____

Applicant Email _____



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.

Scope of work:

of guest rooms _____ # of buildings _____

Sewage Disposal: ☐ Municipal (County or City Sewer) ☐ Septic System

Water Supply: ☐ Municipal (County or City Water Supply) ☐ *Well (*water sampling require)

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

****If for a hotel or motel, a separate Food Service Establishment Plan Review Application shall be submitted.**

Signed Name _____

Signature attesting to the accuracy of this application _____

Date _____