



Cabarrus Health Alliance

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 _____

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 or county) Septic Tank

Water Supply: Municipal (city or county) Well

Proposed operating days and hours: _____

Proposed date that facility will open: _____

Number of residents/patrons 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.

Applicant NAME & TITLE: _____ Signature _____ (PRINT)

Date _____

Submit application to EHapps@cabarrushealth.org

Visit :http://ehs.ncpublichealth.com/rules.htm to view all sanitation regulations. If you have any questions, please contact our office at 704-920-1207.