



**Union County Public Health Division**

Environmental Health Section

500 N. Main St. Suite 47

Monroe, NC 28112

UCinspections@unioncountync.gov

**APPLICATION REQUEST**

**APPLICATION TYPE:**

- NEW FOOD SERVICE ESTABLISHMENT (\$250) - Complete Plan Review application
- MOBILE FOOD UNIT / PUSH CART (\$150) - Complete Plan Review application.
- LIMITED FOOD SERVICE - (Concession Stands / Lodging) (\$75) - Submit menu.
- EVENT ORGANIZER APPLICATION
- TEMPORARY FOOD ESTABLISHMENT (\$75) - Submit menu. **Name of EVENT:** \_\_\_\_\_
- NEW SWIMMING POOL (\$250) - Submit plans and specification sheets.
- SWIMMING POOL OPERATION PERMIT (\$275) – Submit State Application for Public Swimming Pool Operation Permit, and Pool Drain Safety Compliance Data Form. **Number of Pools** \_\_\_\_\_ **X \$275 =** \_\_\_\_\_
- LODGING - Submit plans and menu.
- RESIDENTIAL CARE - Inspection request.
- HOSPITAL, NURSING HOME AND OTHER INSTITUTIONS **Circle applicable Establishment**
  - Hospital
  - Adult Day Care
  - Local Confinement
  - Nursing Home
  - School
- CHILD CARE CENTER - Complete Plan Review application
- TATTOOS (\$200) Complete NC application for Tattooing Permit
- CAMPS Complete Plan Review application

**Additional information may be requested.**

**BUSINESS AND CONTACT INFORMATION**

Establishment Name: \_\_\_\_\_

Current Establishment Name (If applicable): \_\_\_\_\_

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

**ESTABLISHMENT OWNER:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**DESIGNER/CONTRACTOR/OPERATOR:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CONTACT PERSON FOR PLAN STATUS NOTIFICATION:**

Contact Person: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ESTABLISHMENT INFORMATION**

Projected Start Date: \_\_\_\_\_ Projected Date for Completion: \_\_\_\_\_

OR Dates of Operation: \_\_\_\_\_

**SEWER:**  YES  NO **PUBLIC WATER:**  YES  NO

**Provide documentation that Establishment is on Public Sewer and/or Public Water**

**Occupancy:**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. **I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules.** I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title Here: \_\_\_\_\_