



Environmental Health
 500 N. Main Street
 Suite #47
 Monroe, NC 28112
 T. 704.283.3553
 unioncountyeh@unioncountync.gov
 www.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.
- 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
- 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: _____

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: _____

PUBLIC SEWER: YES NO **PUBLIC WATER:** YES NO **SEPTIC SYSTEM:** 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: _____

