



Union County Public Health Division
Environmental Health Section
 500 N. Main St. Suite 47
 Monroe, NC 28112

School Building Application

BUSINESS AND CONTACT INFORMATION

Facility Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Website: _____

ESTABLISHMENT OWNER:

Name: _____ Company: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Owner Phone: (_____) E-Mail: _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person: _____ Contact Phone: (_____)
 Address: _____ City: _____ State: _____ Zip: _____
 E-Mail: _____

LICENSING AGENCY

Public Private Agency Name: _____ Contact Name: _____
 E-Mail: _____

FACILITY INFORMATION

Type of Construction: New construction Remodel Addition If existing, year built: _____

Are floor plans approved by licensing agent (signature or initial on plans): YES NO

ATTACH FLOOR PLAN LAYOUT TO APPLICATION

Hours of Operation: _____

Proposed Number of Students/Staff: _____ Age of Students: _____

Type of Water Supply: Municipal Well*

***Application and fee for water samples/inspection of existing well or a well permit must accompany this application.**

Type of Sewage Disposal: Municipal Septic*

***Application and fee for the inspection of existing on-site system or soil evaluation must accompany this application.**

HAND WASH LAVATORIES

show on site plan

Recommended Locations: Toilet Rooms Diaper Changing Station Food Service Areas Athletic Training Rooms

On-Site Laundry Facility Yes No **show on site plan**

STORED ITEMS

Locations of:

Medicines:

Cleaning Supplies:

Employee Belongings/Food:

All other toxic products:

FINISHES

Finishes /
construction
material in / on:

Diapering changing counters/surfaces:

Classroom floors/walls/ceilings:

Cabinetry in Classrooms:

Toilet rooms floors/walls/ceilings:

Kitchen floors/walls/ceilings:

Dressing Rooms and Showers floors/walls/ceilings:

FOOD SERVICE

To help with planning for proper food storage and hot water capacities go to the following link for online tools:
<http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

Check or answer all that apply:

Meal Preparation: On-Site Cafeteria* Catered Meals

Students Bring From Home

***If on-site cafeteria was selected, please obtain a food service plan review application**

ATTACH MENU to Application

Location of Dining Area: Family Style – in Classroom Designated Dining Area (**show on site plan**)

Other _____

Meals/Snacks Provided: Breakfast Lunch Dinner

Morning Snack Afternoon Snack Evening Snack

Location of food service area: **show on site plan**

Outside Premises

Description of outside premises with layout:

STATEMENT: I hereby certify that the information is correct and I fully understand that any deviation from the information provided without prior permission from Union County Environmental Health may nullify final approval and prevent issuance of permits.

Print Name

Date