

# Lodging & Residential Care Application

Type of Construction:       NEW       EXISTING       REMODEL

Type of Establishment:       Bed & Breakfast Home (sleeps up to 8 people)  
    Bed & Breakfast Inn (sleeps 9-23 people)  
    Lodging (5 rooms or more)  
    Residential Care

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Establishment Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Applicant's Title \_\_\_\_\_

(Owner, Manager, Architect, etc.)

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Owner of the Establishment (if different from applicant) \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contractor name & contact number \_\_\_\_\_

Projected Start Date of Project: \_\_\_\_\_ Projected Opening Date: \_\_\_\_\_

**I certify that the information in this application is correct and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE SUBMITTED TO BEGIN PLAN REVIEW**

- Completed Application
- Copy of signed lease agreement or bill of sale
- Copies of all Menus
- Proof of water supply (well permit or bill)
- Proof of sewage disposal (septic permit or bill)
- Site plan showing specific location of the property
- Floor plan drawn to scale (minimum 1/4" = 1') of establishment with **all** equipment rooms, bathrooms, ice machines, hand washing sinks, washer and dryers, folding tables, clean & soiled linen storage areas, mixing sink for chemicals, employee bathrooms, chemical storage area, cleaning cart storage areas and location for cleaning the carts, storage areas for toiletries, paper products, furniture (roll away beds/cribs), can wash/mop basin, etc.
- Equipment specification sheets for **all** equipment.
- Plumbing Plan (show floor drains, floor sink, water heater)
- A dumpster contract

**NC DHHS Plan Review Guidelines:**

<http://www.deh.enr.state.nc.us/food/planreview/docs/FoodEstablishmentGuidelines-2002.pdf>

**NC DHHS Bed and Breakfast Home/Inns Rules:**

<http://ehs.ncpublichealth.com/docs/rules/2200-RuleBookFINAL-7-24-12.pdf>

**NC DHHS Residential Care Facility Rules:**

<http://ehs.ncpublichealth.com/docs/rules/1600-RuleBookFINAL-8-14-12.pdf>

**NC DHHS Lodging Rules:**

<http://ehs.ncpublichealth.com/docs/rules/1800-RuleBookFINAL-7-24-12.pdf>

Number of Bedrooms: \_\_\_\_\_

Hot water requirements: Guest rooms 116°F -128°F in lodging facilities.

**Hot and cold water is required at all points of use including cleaning areas.**

Will a swimming pool, spa or hot tub be constructed on property? Yes  No

Will there be any food service? Yes  No

***“Healthy People, Safe Environment, Strong Community”***

Will drinks be available for guests in the lobby? Yes  No

Will multi-use plates, silverware, and glassware be provided? Yes  No

Will ice be provided to guests? Yes  No

Will ice containers be disposable? Yes  No

Will liners be provided Yes  No  Will lids be provided for ice containers? Yes  No

Will linens be washed on-site? Yes  No

Provide specific details on how and where linens will be washed and how they will be transported:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If off-site linen service is used, please provide specific details on where linens will be washed and how they will be transported.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Can wash must be large enough to accommodate the cleaning of all trash cans. Minimum 3x3 curb floor sink sloped to drain, hot and cold mixing water with backflow prevention, 4" curb, backsplash and impervious surface.*

**Finish Schedule:**

**Applicants must fill in materials (i.e. quarry tile, 6" plastic cove molding, carpeting, etc.)**

	<b>Floors</b>	<b>Walls</b>	<b>Ceilings</b>
Bedrooms			
Bathrooms			
Lobby			
Stairs			
Laundry			
Hallways			

**Completed by:** \_\_\_\_\_ **Date** \_\_\_\_\_