



RICHMOND COUNTY HEALTH DEPARTMENT

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North Carolina
Public Health

School Plan Review Application

The intent of this application is to provide information regarding the operational procedures of the facility.

Construction type: () New, () Remodel Existing Structure, () Change of Ownership

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 # _____

Relation to owner **(mark one)**: Architect (), Owner (), Employee (), Contractor (), Other () _____

Scope of work: _____

YEAR Structure Was Originally BUILT: _____ **Original Owner:** _____

Sewage Disposal () Municipal () Septic Tank () Other

Water Supply: () Municipal () Well () Other

Meals provided: () Breakfast () Lunch () Dinner () Students/Patrons will bring bag lunch

Meal preparation: () Onsite () Offsite/Specify location _____ how transported _____

Dining Utensil Type: () Single-service () Multi-use

Proposed operating days and hours: _____

Proposed date that facility will open: _____

Number of children/residents/patrons presently or requesting licensing for: _____

School: Grades **(check all that apply)**: () Pre-K (partial day), () K, () 1, () 2, () 3, () 4, () 5, () 6, () 7, () 8, () 9, () 10, () 11, () 12

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.

Signature: _____ Date: _____