



RICHMOND COUNTY HEALTH DEPARTMENT

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North Carolina
Public Health

Institution Plan Review Application

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

Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions (15A NCAC 18A .1300) require that plans be submitted for approval prior to construction. Plans must be submitted with the necessary paperwork (see checklist below) to the Richmond County Health Department.

Submittal Checklist:

- _____ A complete set of plans drawn to scale including guest rooms, storage areas, laundry, trash can wash facility, dumpster area, and food service. Plans must include general plumbing electric and lighting drawings, fixture schedules and room finish schedules.
- _____ Completed Application

Type of facility: Hospital, Nursing Home, Adult Day Service Facility, Assisted Living,
 Other Institution: _____

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 # _____

Applicant Email Address _____

Scope of work:

Sewage Disposal: Municipal Septic Tank

Water Supply: Municipal Well

Proposed operating days and hours: _____

Proposed date that facility will open: _____

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

Adult Day Service only:

Meals provided: Breakfast Lunch Dinner Patrons will bring bag lunch

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

Dining Utensil Type: Single-service Multi-use

A separate Food Service Application must be submitted if food is to be served within hospitals, nursing homes, assisted living, and other institutions.

I hereby 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:** _____

(Owner or Owner's Representative)