



RICHMOND COUNTY HEALTH DEPARTMENT

127 Caroline Street
Rockingham, NC 28379
Phone: 910-997-8320
Fax: 910-997-8372



North Carolina
Public Health

Lodging Establishment Plan Review Application

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

The Rules Governing the Sanitation of Lodging Establishments (15A NCAC 18a .1800) 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.
- ____ Breakfast Menu. If food other than continental breakfast * is served, a Food Service Plan Review.
- ____ Completed Application

* Continental Breakfast is limited to bakery items, whole fruit, beverages and individually packaged food. Lodging Establishments which provide only continental breakfast, as defined, do not require a Food Service Application.

Type of Construction:

- New Lodging Establishment Existing Lodging Establishment Bed and Breakfast Home (up to 8 rooms)
- Bed and Breakfast Inn (up to 12 rooms)

Proposed Name of Establishment: _____

Previous Name _____

Address _____ Phone: _____

Owner's Name: _____ Phone: _____

Mailing Address: _____

Fax: _____ Email: _____

Contact Name: _____ Phone: _____

Building Information:

Proposed Construction / Remodel Date _____

Proposed Opening Date _____

of guest rooms _____ # of buildings _____

Water Supply: City/Municipal _____ Well _____

Sewage Disposal: City/Municipal _____ On-site system _____

Continental breakfast provided? Yes _____ No _____

Is this a chain or franchise? Yes _____ No _____
(If Yes, Submit plans for review to NCDENR, 1630 Mail Service Center, Raleigh NC 27699-1630)

Bed and Breakfast Only:

of meals a day _____

Types of meals:

Breakfast Lunch Dinner

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)