Date Rec'd.: _____

Fee Paid: N/A

Initials: _____

CRAVEN COUNTY HEALTH DEPARTMENT

PLAN REVIEW APPLICATION FOR ADULT DAY SERVICE FACILITIES

APPLICANT NAME _____ **PHONE** _____

APPLICANT ADDRESS _____

FACILITY NAME _____

FACILITY ADDRESS _____

FACILITY PHONE (IF AVAILABLE) _____

OWNER NAME _____ **PHONE** _____

OWNER ADDRESS _____

PROGRAM INFORMATION

Number of Participants _____ **Number of employees (per shift)** _____

Days/Hours of Operation _____

Check all that apply:

□ **Catered Meals** □ **Meals prepared on-site**

If catered, name of establishment where prepared _____

Establishment Address _____

□ **Multi-use utensils** □ **Single Service Utensils**

BUILDING INFORMATION

□ **New Building** **Proposed Construction Date** _____

□ **Existing Building** **Year Building Constructed** _____

□ **City Water** □ **Private Well** □ **Other** _____

□ **City Sewer** □ **Septic System** □ **Other** _____

Proposed Opening Date _____

Please submit this application with the following items to Craven County Health Department, Environmental Health Division, 2818 Neuse Blvd., New Bern, NC 28561 to begin the plan review process.

1. **Proposed Menu**
2. **Site plans and equipment layout drawn to scale (recommend ¼" = 1')**
3. **Kitchen equipment specifications (make, model, manufacturer specification sheets)**
4. **Plumbing layout**
5. **Lighting layout**
6. **Information pertaining to approved septic system and/or private well, if applicable**

Approval of plans and specifications by the Craven County Health Department does not indicate compliance with any other code, law or regulation that may be required - federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). The Craven County Health Department must approve any changes made to plans.

A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with state and local laws governing adult day service facilities.

I hereby certify that the information on this application is correct and I understand that any deviation without prior approval from the Craven County Health Department, Division of Environmental Health may nullify approval of plans.

Applicant Signature(s) _____
(Required)

Date _____