



Chatham County Public Health Division of Environmental Health

80 East Street, P.O. Box 130
Pittsboro, NC 27312
919.542.8208

Institution Plan Review Application/New Operator Application

This application may be submitted online via Open Gov Portal: <https://chathamcountync.viewpointcloud.com/>

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 _____

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

LUESA Commercial Plan Project Number (if applicable): _____

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

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

Construction type: New, Remodel Existing Structure, Change of Ownership
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.

APPLICANT/ OWNER/ DIRECTOR MUST SIGN APPLICATION.

Applicant NAME & TITLE: _____ Signature _____
(PRINT)

Date _____

For questions, contact Lisa Morgan (919)545-8309 or lisa.morgan@chathamcountync.gov

To view all sanitation regulations, visit :<http://ehs.ncpublichealth.com/rules.htm>