

Facility floor plan

## CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH

80 East Street, P.O. Box130 Pittsboro, NC 27312 Phone 919-542-8208

## **Adult Day Service Facility Plan Review Application**

An Adult Day Service Facility means an establishment which provides an organized program of services including a meal, for adults during the day in a community group setting for which a license of certificate for payment is required from the NC Department of Health and Human Services. Adult Day Services Facilities include: adult daycares, adult health services, psychosocial rehabilitation programs and other day programs which do not provide overnight accommodations.

Any proposed Adult Day Service Facility plans must be reviewed and approved by Environmental Health office prior to proceeding with construction. To begin the plan review process, applicants must complete the application and submit the following documentation:

- 1. A building site plan (drawn to 1/4"=1' or other acceptable scale).
- 2. Food service equipment floor plan with equipment layout.
  - Equipment manufacturer's specifications sheets listing make and model numbers, applicable NSF/ANSI, and UL listings.

**Employee Health Policy** 

- b. Menu
- 3. Other documentation needed: Employee health policy, Solid waste disposal company contract, Pest company contract

**Business Info** 

Submit application online via Open Gov Portal: https://chathamcountync.viewpointcloud.com/

## Does the application include the supporting documents:

Pest contract

Solid Waste contract	Kitchen floor plan	Menu	Kitchen equipment spec sheets	•
Type of construction:	New	Remodel	Transitional(New Owners)	
Name of Facility: Address: Phone:		Cell/Emergency	Contact:	
Property Owner: Address: Phone: Email:		Cell/ Emergency	Contact:	
Business Owner: Contact Person: Address: Phone: Email:		Cell/Emergency	Contact:	
Applicant: Title:		Cell/Emergency	Contact:	

Property map

General Informat	ion:			
Type licensing:		Currently licensed adult care s in care:		
Type construction	on: New construction	Remodeling existing building		
	If existing, what year was t	the structure built?		
Project spec		t Project Construction:ect Completion:		
Waste Disposal I	Method and Company:			
<b>Pest Control Cor</b>	mpany:			
Method of Sewage I	Disposal:	Type of Water Supply:		
Municipal		Municipal Well		
Sewage System If Sewage system; attaccopy of state approval	h a copy of septic approval or attach	Note: For facilities that are supported by ground water well and will serve 25 or more persons per day, approval must be obtained from the NCDENR, Division of Water Quality, Public Water Supply Branch as a community water system. For more information/approval contact Public Water Supply at 919-791-4200		
	ting Schedule: Days/Wk & O coms proposed in facility: _	Operating hrs:		
Food Service:	Meals/snacks provided: (C	Check all that apply)		
Breakfast	A.M. snack Lunch	P.M. snack Dinner Evening snack		
Menu: Attach a	sample weekly menu of iten	ns that will be prepared or served.		
Name of Food Ve	endor:			
Type utensils us	ed during service: Reusa	able Disposable		
		chen Offsite orepared in a food service operation such as a restaurant, food		
	uires legal documentation (Articles Business or Corporation reflecting al	of Organization) of Limited Liability Company Ill partner names.		
	the information in this application this Health Regulatory Office ma	on is correct, and I understand that any deviation without by nullify plan approval.		
<b>Signature:</b> (Owner or Applicant)				

\*\*Copies of the Adult Day Rules are available: https://ehs.ncpublichealth.com/rules.htm For questions, contact Lisa Morgan at 919-545-8309 or lisa.morgan@chathamcountync.gov