



CUMBERLAND COUNTY DEPT OF PUBLIC HEALTH

Food & Lodging
1235 Ramsey Street
Fayetteville, NC 28301
Phone: 910.433.3618
Fax: 910.433.3793

Onsite Wastewater
130 Gillespie Street
Fayetteville, NC 28301
Phone: 910.433.3667
Fax: 910.323.6142

APPLICATION FOR FAMILY CHILD CARE HOME

FACILITY NAME: _____

OWNER/OPERATOR: _____
(Last Name) (First Name) (Middle Name)

ADDRESS: _____
(House No.) (Street Name) (City) (Zip Code)

1. List a telephone number where the operator can be reached during operation:

Home: () _____ Work: () _____ Cell: () _____

Email Address: _____

2. Indicate the Water Supply, Sewage Disposal, and Building Construction types:

WATER SUPPLY: [] Municipal/City [] Private Well

SEWAGE DISPOSAL: [] Municipal/City [] Septic Tank System

BUILDING TYPE: [] Single-Family Home [] Apt/Duplex/Condo

3. Indicate if you have any special instructions for the inspector:

Instructions: _____

I, _____ (owner/operator listed above) certify that I have received and read the Cumberland County Health Ordinance/Rules Governing Child Day Care Homes and after familiarizing myself with them, find that I am in compliance with all the rules and regulations contained therein.

Signature: _____ Date: _____