

CUMBERLAND COUNTY DEPARTMENT 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

☐ Initial Application ☐ Renewal Application

Facility Name: _____

Physical Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____ Alt. Phone: _____

Owner: _____ Email: _____

Indicate the Water Supply, Sewage Disposal and Building Construction Type

Water Supply: ☐ Municipal/ Community ☐ Private Well

Sewage Disposal: ☐ Municipal/ Community ☐ Septic System

Building Type: ☐ Single Family ☐ Apt/ Duplex/ Condo

Water Sample Taken: ☐ Yes ☐ No If yes, please indicate date water sample was taken: _____

Do you have pets/ animals: ☐ Yes ☐ No If yes, please explain _____

Provide date for Food Service Certification Class: _____

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

Signature _____ **Application Date** _____

Application Fee is (TBD) _____ Paid in Office _____ Paid by Phone: (910) 433-3618 (Credit Card Only)

____ Mailed To: Cumberland County Dept of Public Health Attn: Environmental Health Section
1235 Ramsey Street Fayetteville NC 28301 (Money Order Only)

Office Use Only

Date Application Received: _____ Authorized Agent Signature: _____

(rev. 3 February 2025)