



SCHOOL BUILDING APPLICATION

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

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

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

Scope of work: _____

Year structure was originally built: _____

If structure is pre-1978, then lead hazard investigation may be conducted in areas accessible to children under the age of 6.

Sewage Disposal: Municipal Septic Tank

Water Supply: Municipal Well

Meals: Individually pre-portioned meal Students will bring a bag lunch

**** Plan review is not required for Public and Non-Public schools, unless food is served at the school. A separate Plan Review Food Service Application must be submitted if the food served to students is not a bag lunch or individually pre-portioned.**

Proposed operating days and hours: _____

Proposed date that facility will open: _____

School Grades (check all that apply): Pre-K (partial day) K-5 6-8 9-12

BOTH APPLICANT AND OWNER/DIRECTOR MUST SIGN APPLICATION

Applicant Name & Title: _____ Signature _____
(PRINT)

Owner/Director Name & Title: _____ Signature _____
(PRINT)

Date _____

Visit: <http://ehs.ncpublichealth.com/rules.htm> to view all sanitation