



Union County Public Health Division

Environmental Health Section

500 N. Main St. Suite 47

Monroe, NC 28112

UCinspections@unioncountync.gov

APPLICATION REQUEST

APPLICATION TYPE:

- NEW FOOD SERVICE ESTABLISHMENT (\$250) - Complete Plan Review application
- RENOVATIONS/CHANGES to food preparation area, seating capacity, addition of room (\$150) - Complete Plan Review application
- CHANGE OF TENANT ONLY
- MOBILE FOOD UNIT / PUSH CART (\$150) - Complete Plan Review application.
- LIMITED FOOD SERVICE - (Concession Stands / Lodging) (\$75) - Submit menu.
- TEMPORARY FOOD ESTABLISHMENT (\$75) - Submit menu. **Name of EVENT:** _____
- NEW SWIMMING POOL (\$250) - Submit plans and specification sheets.
- SWIMMING POOL OPERATION PERMIT (\$275) – Submit State Application for Public Swimming Pool Operation Permit, and Pool Drain Safety Compliance Data Form. **Number of Pools** _____ **X \$275 =** _____
- LODGING - Submit plans and menu.
- RESIDENTIAL CARE - Inspection request.
- HOSPITAL, NURSING HOME AND OTHER INSTITUTIONS Circle applicable Establishment
 - Hospital
 - Adult Day Care
 - Local Confinement
 - Nursing Home
 - School
- CHILD CARE CENTER - Complete Plan Review application
- TATTOOS (\$150) Complete NC application for Tattooing Permit
- CAMPS Complete Plan Review application

Additional information may be requested.

BUSINESS AND CONTACT INFORMATION

Establishment Name: _____

Current Establishment Name (If applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

ESTABLISHMENT OWNER:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner Phone: (_____) _____ E-Mail: _____

DESIGNER/CONTRACTOR/OPERATOR:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail: _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person: _____

Contact Phone: (_____) _____ E-Mail: _____

ESTABLISHMENT INFORMATION

Projected Start Date: _____ Projected Date for Completion: _____

OR Dates of Operation: _____

SEWER: YES NO **PUBLIC WATER:** YES NO **Occupancy:**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. **I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules.** I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: _____ Date: _____

Print Name and Title Here: _____

