Union County Public Health Division
Environmental Health Section
500 N. Main St. Suite 47
Monroe, NC 28112

Request for Plan Review/Evaluation of a Licensed Facility

Application Type: ☐New facility (Submit plans drawn to scale) ☐Facility Re-licensing ☐Agency Transfer

☐Remodel (Submit plans drawn to scale) ☐Transitional ☐ Annual Inspection

*If food is served to the public a Food Service Plan Review Application is also Required.

Facility Information

Name:_____

Address:_____ City:_____ Zip:_____

Number of Occupants: _____

SEWER: ☐ YES ☐ NO | **PUBLIC WATER**: ☐ YES ☐ NO

This request is for the Plan Review / Evaluation of a (an):

☐Residential Care ☐Hospital
☐Nursing Home/Assisted Living ☐ Local Confinement

Owner Information

Name:_____

Address:_____ City:_____ Zip:_____

Phone: (_____)_____ E-Mail:_____

Applicant Information

Name:_____ Title(Owner, Manager, Architect, Builder, etc.): _____

Address:_____ City:_____ Zip:_____

Phone: (_____)_____ E-Mail:_____

_____ _____ _____
Print Name Applicant Signature Date