



# School Building Application

BUSINESS AND CONTACT INFORMATION	
Facility Name: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Phone: _____ Website: _____	
ESTABLISHMENT OWNER:	
Name: _____ Company: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Owner Phone: ( _____ ) _____ E-Mail: _____	
CONTACT PERSON FOR PLAN STATUS NOTIFICATION:	
Contact Person: _____ Contact Phone: ( _____ ) _____	
Address: _____ City: _____ State: _____ Zip: _____	
E-Mail: _____	
LICENSING AGENCY	
<input type="checkbox"/> Public <input type="checkbox"/> Private    Agency Name: _____ Contact	
Name: _____	
FACILITY INFORMATION	
Type of Construction: <input type="checkbox"/> New construction <input type="checkbox"/> Remodel <input type="checkbox"/> Addition    If existing, year built: _____	
Are floor plans approved by licensing agent (signature or initial on plans): <input type="checkbox"/> YES <input type="checkbox"/> NO	
ATTACH FLOOR PLAN LAYOUT TO APPLICATION	
Hours of Operation: _____	
Proposed Number of Students/Staff: _____ Age of	
Students: _____	
Type of Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well*	<b>*Application and fee for water samples/inspection of existing well or a well permit must accompany this application.</b>
Type of Sewage Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic*	<b>*Application and fee for the inspection of existing on-site system or soil evaluation must accompany this application.</b>

**HAND WASH LAVATORIES**

**show on site plan**  
 Recommended Locations:  Toilet Rooms  Diaper Changing Station  Food Service Areas  Athletic Training Rooms

On-Site Laundry Facility  Yes  No **show on site plan**

**STORED ITEMS**

Locations of:	Medicines:
	Cleaning Supplies:
	Employee Belongings/Food:
	All other toxic products:

**FINISHES**

Finishes / construction material in / on:	Diapering changing counters/surfaces:
	Classroom floors/walls/ceilings:
	Cabinetry in Classrooms:
	Toilet rooms floors/walls/ceilings:
	Kitchen floors/walls/ceilings:
	Dressing Rooms and Showers floors/walls/ceilings:

**FOOD SERVICE**

To help with planning for proper food storage and hot water capacities go to the following link for online tools:  
<http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

**Check or answer all that apply:**

Meal Preparation: <input type="checkbox"/> On-Site Cafeteria* <input type="checkbox"/> Catered Meals <input type="checkbox"/> Students Bring From Home  <b>*If on-site cafeteria was selected, please obtain a food service plan review application</b>  <b>Show food service area on site plan</b>	<b>ATTACH MENU to Application</b>
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Location of Dining Area:  Family Style – in Classroom  Designated Dining Area ( **show on site plan** )  
 Other \_\_\_\_\_

Meals/Snacks Provided:  Breakfast  Lunch  Dinner  
 Morning Snack  Afternoon Snack  Evening Snack

**Outside Premises**

**Description of outside premises with layout:**

**STATEMENT:** I hereby certify that the information is correct and I fully understand that any deviation from the information provided without prior permission from Union County Environmental Health may nullify final approval and prevent issuance of permits.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date