CARTERET COUNTY HEALTH DEPARTMENT

Environmental Health Section
3820-A Bridges Street Morehead City, NC 28557
Phone: (252) 728-8499 **Fax:** (252) 222-7753

RESIDENTIAL CARE HOME APPLICATION

Type of Application: ☐ New Application ☐ Remodel ☐ Change of Ownership

Type of Operation: ☐ Residential Care Home ☐ Therapeutic Care Home ☐ Other: _____

Name of Facility: _____ **Phone:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name/Corporation listed on license: _____ **Phone:** _____

Licensee Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

 # Residents Licensed for: _____ **# of Staff On-Duty:** _____ **Projected Opening Date:** _____

Please provide the following information about the facility:

WATER SUPPLY
- What type of water supply is provided? ☐ Municipal/Public ☐ Well*

WASTEWATER SYSTEM
- What type of wastewater system is provided? ☐ Municipal/Public ☐ Septic System*

* If the facility is served by a well or an on-site wastewater system, a separate application must be submitted to the On-site Wastewater Section to determine if the well and/or septic system meets requirements.

Statement: I hereby certify that the information provided herein is accurate to the best of my knowledge. I understand that:

- **Facilities which are found to be non-compliant with the design standards listed in 15A NCAC 18A .1600 "Rules Governing Sanitation of Residential Care Facilities" will not receive approval from this Department.**
- **Approval of this application or issuance of an operational permit by Carteret County Environmental Health does not constitute compliance with other codes, laws, regulations, and ordinances imposed by other regulatory authority having jurisdiction.**

Signature of Applicant/Operator: _____ **Date:** _____

Please feel free to contact us at (252) 728-8499 if you have questions about this application.