



# CARTERET COUNTY HEALTH DEPARTMENT

## Environmental Health Section

3820-A Bridges Street Morehead City, NC 28557

Phone: (252) 728-8499 Fax: (252) 222-7753



### LODGING ESTABLISHMENT APPLICATION

Type of Application:  New Application\*  Remodel  Change of Ownership/Transitional Permit

*\*If this a new chain or franchise facility, submit plans for review to the address on Page 3, or visit:  
<http://ehs.ncpublichealth.com/faf/food/planreview/contacts.htm>*

Type of Operation:  Hotel/Motel  Bed & Breakfast Home or Inn Number of rooms: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name/Corporation to be listed on permit: \_\_\_\_\_ Phone: \_\_\_\_\_

Permittee Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Projected Start Date: \_\_\_\_\_

*Please complete the following information about the facility:*

#### WATER SUPPLY

- What type of water supply is provided?  Municipal/Public  Well\*
- Ice used by the facility will be:  Made on the Premises  Purchased

#### 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.*

#### FOOD SERVICE

- What type of food service will be provided?  
 Breakfast  Lunch  Dinner  Continental Breakfast Only\*  Manager's Receptions\*

*\*If facility provides only a continental breakfast or manager's reception, skip to "ice" section.*

- Is there a separate hand sink provided in the kitchen or food service area?  Yes  No
- What type of utensils will be used for guests?  Multi-use utensils  Single-service items
- How are employees educated on the requirements of an employee health policy? \_\_\_\_\_

- Has the operator/person in charge of the facility taken and passed an approved food safety course within the past 5 years?  Yes  No

**UTENSIL & EQUIPMENT CLEANING**

- Number of sink compartments: \_\_\_\_\_
- Where will dishes and utensils be air-dried? \_\_\_\_\_
- What type of sanitizer will be used?  Chlorine  Quat  Hot water (at least 171 F)
- Will a sanitizer test method be provided?  Yes  No
- Describe how food contact equipment (mixers, cutting boards, cooking equipment, countertops) will be cleaned and sanitized: \_\_\_\_\_
- Will a dishmachine be used?  Yes  No
  - Manufacturer & Model Number: \_\_\_\_\_
  - Type of Sanitization:  Chemical  Hot water

**ICE**

- Are ice machines accessible to guests?  Yes  No
  - If yes, provide make and model number of ice machine: \_\_\_\_\_

**WATER HEATER**

- Type of water heater proposed:  Tankless  Storage Tank
- If storage tank type, what is the capacity? \_\_\_\_\_ gallons
  - Manufacturer & Model Number: \_\_\_\_\_
- How is the water heater powered?  Electric \_\_\_\_\_ kilowatts (kW)  Gas \_\_\_\_\_ BTU

**FINISHES** – Indicate floor, wall, ceiling, and baseboard materials in the chart below:

Area	Floor	Walls	Ceiling	Baseboards
<b>Kitchen</b>				
<b>Guest Bedrooms</b>				
<b>Guest Bathrooms</b>				
<b>Laundry Room</b>				
<b>Vending Areas</b>				

**CHEMICAL & TOXIC MATERIAL STORAGE**

- Describe the location of chemicals and toxic materials (cleaning supplies, medications, sanitizer) in the facility: \_\_\_\_\_

**LAUNDRY**

- Is guest laundry cleaned on-site?  Yes  No
- Is a separate hand sink provided in the laundry area?  Yes  No

**REFUSE & RECYCLABLES**

- Where will refuse be stored?  Inside  Outside
  - If inside, where will refuse be stored? \_\_\_\_\_
- How will refuse be disposed of?  Dumpster/Compactor  Municipal  Convenience Site
- Describe size and location of the mop sink or can wash area (*hotels/motels only*): \_\_\_\_\_

**PEST CONTROL**

- How are all outside doors protected?  Self-closing  Fly fan  Screen door
- Is the facility air-conditioned?  Yes  No
  - If no, how are outside windows protected?  Screens  Self-closing

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

- Any deviation or variance of this application after it has been approved by this Department may result in the delay or denial of an operational permit.
- Food service facilities which are found to be non-compliant with the design standards listed in 15A NCAC 18A .1800 "Rules Governing the Sanitation of Lodging Establishments" will not receive an operational permit from this Department.
- It is the applicant/operator's responsibility to inform the local Fire Marshal of any fossil fuel or wood burning heaters, appliances, and fireplaces in the facility in accordance with Session Law 2013-413 to determine if carbon monoxide detectors will be required.
- 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:** \_\_\_\_\_

**Application Submission Requirements:**

- 1) Completed application.
- 2) Proposed menu if food is provided to guests.
- 3) Scaled drawing or plans for the facility.
- 4) Manufacturer's specification sheets for all proposed equipment where required.

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

**Submit completed application to:**

**Carteret County Health Department-Environmental Health Division  
3820-A Bridges Street  
Morehead City, NC 28557**

**For chain/franchise facilities, submit completed application to:**

**NCDHHS-Environmental Health Division  
Plan Review Section  
5605 Six Forks Road Building #3  
Raleigh, NC 27609**