



CARTERET COUNTY HEALTH DEPARTMENT

Environmental Health Section

3820-A Bridges Street Morehead City, NC 28557

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



NURSING HOMES, HOSPITALS & OTHER INSTITUTIONS APPLICATION

Type of Application: New Application Remodel Change of Ownership

Type of Operation: Nursing Home (Skilled Care) Adult Care Home (Unskilled Care) Hospital
 Other: _____

Name of Facility: _____

Name of Applicant: _____ Phone: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Name/Corporation listed on license: _____ Phone: _____

Licensee Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Projected Construction Date: _____

Please provide the following information about the facility:

1) **POPULATION SERVED** – Provide the number of beds provided in the facility for each category below.

- Skilled Care: _____ beds
- Assisted Care: _____ beds
- Independent Care: _____ beds
- Other: _____ beds

2) **FACILITY DETAILS** – Provide details pertaining to the facility below.

WATER SUPPLY

- What type of water supply is provided? Municipal/Public Well*
- Ice used by the facility will be: Made on the Premises Purchased
- Does the facility have an emergency back-up water supply plan? Yes No

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

- Will food be prepared on-site for residents? Yes* No
- Will food be prepared on-site for guests, family members, or the general public? Yes* No

**If yes, then a separate food service establishment plan review application must be submitted to Carteret County Environmental Health.*

LAUNDRY

- Will resident laundry and linens be cleaned on-site? Yes No
 - If yes, what method of sanitization is used for laundry? Chlorine Hot Water Other

INDOOR SMOKING AREA

- Will an indoor smoking area be provided for residents? Yes No
 - If yes, where is it located? _____

PETS/ANIMALS

- Will pets or other animals be housed in the facility? Yes No
 - If yes, where will they be located? _____
 - Will vet records be provided for these animals? Yes No

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 .1300 “Rules Governing Sanitation of Hospitals, Nursing Homes, Adult Care Homes, and Other Institutions” 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:** _____

Application Submission Requirements:

- 1) Completed application.
- 2) Scaled drawing or plans for the facility showing all resident rooms, bathrooms, storage rooms, janitorial rooms, nourishment areas, kitchen, laundry area, soiled/clean work areas, and other areas used for resident care.
- 3) Copy of the emergency back-up water supply plan.

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**