



# Mecklenburg County Health Department

## Day Care Facility Plan Review Application

Name of Facility \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Address of Facility \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner of Facility \_\_\_\_\_ Phone # \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant/Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Relation to owner (**mark one**): Architect( ) Owner( ) Employee( ) Contractor( ) Other( ) \_\_\_\_\_

Contact Person Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SUBMIT THIS APPLICATION WITH PLANS TO LUESA. CONTACT LUESA AT (704)336-2831 OR WWW.MECKPERMIT.COM

### FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

Day Care licensing:     New                     Currently licensed/license # \_\_\_\_\_

Construction type:     New                     Remodel Existing Structure. **YEAR BUILT:** \_\_\_\_\_

Change of Ownership                        Scope of Work: \_\_\_\_\_

Sewage Disposal:         Municipal         Septic Tank     Other \_\_\_\_\_

Water Supply:             Municipal         Well             Other \_\_\_\_\_

Meals provided:          Breakfast         Lunch             Dinner \_\_\_\_\_

Meal preparation:        Onsite             Offsite/Specify location \_\_\_\_\_ how transported \_\_\_\_\_

Utensil use:               Single-service     Multi-use

Proposed operating days and hours: \_\_\_\_\_

Number of children presently or requesting licensing for: \_\_\_\_\_

Age of children to be served (**check all that apply**):  0-1 years  2-3 years  4-5 years  6+ years

### In order to complete an Environmental Health plan review, the following must be submitted.

1. Architectural-quality plans, scale ¼ - 1", detailing:

- All structures, parking areas/driveways, trash can/dumpster locations, fencing, and existing wells or septic tanks
- All rooms and areas including, but not limited to: care rooms, sick, kitchen, dining, bathrooms, storage (food and non-food), laundry, diaper changing, infant-toddler food service, etc.
- All water supply and wastewater plumbing including hot water capacities, fixture types, etc.
- All lighting placement, type, and shielding
- All food service equipment placement and type. This includes manufacturers, model numbers, NSF listing etc.
- Storage facilities including shelving type, cubbies/coat racks, hazardous materials
- All air circulation systems including kitchen hood, HVAC systems, rest room ventilation and windows (screens)
- All finish details on floors, walls, ceilings, cabinets, etc. including substrate type, and coating material
- Solid waste disposal and cleaning facilities (e.g. can wash)

2. Other information as may be requested (**see attached guide**).

### BOTH APPLICANT AND DAY CARE OWNER/DIRECTOR MUST SIGN APPLICATION.

Applicant NAME & TITLE: \_\_\_\_\_ Signature \_\_\_\_\_  
(PRINT)

Day Care Owner/Director NAME: \_\_\_\_\_ Signature \_\_\_\_\_  
(PRINT)

Date \_\_\_\_\_

Updated 08/07