

# Lodging Establishment Plan Review Application

The North Carolina Rules Governing the sanitation of Lodging Establishments (15A NCAC 18a .1800) require that plans be submitted for approval **prior to** construction, renovation, modification or change of ownership by the local Health Department (Dare County Department of Health & Human Services' Environmental Health Services Unit).

There is a \$250.00 plan review fee associated with this application.

Type of Construction: NEW       REMODEL       CHANGE OF OWNERSHIP

Name of Establishment: \_\_\_\_\_ Proposed Seating Capacity: \_\_\_\_\_

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

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

Mailing/Billing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Title (owner, manager, architect, etc.): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Projected Start Date of Construction: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## Submittal Checklist:

\_\_\_\_\_ Complete set of plans drawn to scale including:

- Guest rooms
- Storage areas
- Laundry
- Trash can
- Wash facility
- Food service

\_\_\_\_\_ Site plan locating/including:

- General plumbing
- Electric & lighting drawings
- Fixture schedules
- Room finish schedules
- Exterior buildings or equipment (dumpsters)

\_\_\_\_\_ A completed Lodging Plan Review Application

\_\_\_\_\_ A completed On-site Waste Eater Application

\_\_\_\_\_ Breakfast Menu

(If food other than continental breakfast\* is served, a Food Service Plan Review Application is also required.)

\* Continental Breakfast is limited to bakery items, whole fruit, beverages and individually packaged food. Lodging Establishments which provide only continental breakfast, as defined, do not require a Food Service Application.

The plan review process will begin once all information has been received. You will be contacted in writing after the review process. Please allow up to 5 business days when scheduling pre-opening inspection.

If you have any questions, contact Environmental Health Services Staff at 252.475.5080.



### County of Dare

Department of Health & Human Services

P.O. Box 669 | Manteo, NC 27954

Health 252.475.5003 | Social Services 252.475.5500 | Veterans Services 252.475.5604 | [darenc.com/hhs](http://darenc.com/hhs)

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