



**Henderson County**  
**Department of Public Health**  
 Environmental Health

1200 Spartanburg Highway, Suite 100  
 Hendersonville, NC 28792  
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 Fax: (828) 697-4523  
 www.hendersoncountync.gov/health

**Institution Plan Review Application/New Operator Application**

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

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

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

Mailing Address of Facility \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Applicant Email Address \_\_\_\_\_

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

**FACILITY INFORMATION TO BE COMPLETED BY APPLICANT**

Type of facility:  Hospital,  Nursing Home,  Adult Day Service Facility,  Assisted Living,  
 Other Institution: \_\_\_\_\_

Construction type:  New,  Remodel Existing Structure,  Change of Ownership  
 Scope of work: \_\_\_\_\_

Sewage Disposal:  Municipal  Septic Tank  
 Water Supply:  Municipal  Well  
 Proposed operating days and hours: \_\_\_\_\_  
 Proposed date that facility will open: \_\_\_\_\_  
 Number of residents/patrons presently or requesting licensing for: \_\_\_\_\_

Adult Day Service only:  
 Meals provided:  Breakfast  Lunch  Dinner  Patrons will bring bag lunch  
 Meal preparation:  Onsite  Offsite/Specify location \_\_\_\_\_ how transported \_\_\_\_\_  
 Dining Utensil Type:  Single-service  Multi-use

A separate Food Service Application must be submitted if food is to be served within hospitals, nursing homes, assisted living, and other institutions.

**BOTH APPLICANT AND OWNER/DIRECTOR MUST SIGN APPLICATION.**

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

Date \_\_\_\_\_

If this is a new facility being constructed:

SUBMIT THIS APPLICATION WITH PLANS TO GARRETT. CONTACT GARRETT AT (828) 694-6053 OR GRAPP@HENDERSONCOUNTYNC.GOV.

Visit: <http://ehs.ncpublichealth.com/rules.htm> to view all sanitation regulations.