

ANSON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
605 McLaurin Street
Wadesboro NC 28170

ADULT DAY SERVICE FACILITY PLAN REVIEW APPLICATION

Type of Construction: NEW ___ REMODEL ___

Name of Establishment:

Address: _____
City & State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Cell: _____

Property Owner:

Address: _____
City & State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Cell: _____
E-mail Address: _____

Business Owner:

Contact Person: _____
Address: _____
City & State: _____
Zip Code: _____
Telephone: _____ Fax: _____ Cell: _____
E-mail Address: _____

Applicant: _____

Title (owner, manager, architect, builder, etc.):

Address: _____
City & State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Cell: _____
E-mail Address: _____

General Information (facility information to be completed by applicant)

Type licensing: ___ New adult day ___ Currently licensed adult day

Proposed number of adultd in care: _____

Type construction: _New construction _Remodeling existing building
If existing, what year was the structure built? _____

Projected facility opening date: _____

Method of sewage disposal: Municipal Septic system **attach a copy of septic approval*

Type of water supply Municipal Well Size of Hot Water Heater _____

Proposed Operating Schedule: Days/Wk & Operating hrs:

Will beds or cots be provided _____yes _____no

If yes-Number/type of bedding for sleeping/napping _____ beds _____ cots

Food Service: Meals/snacks provided: *(Check all that applies)*

Breakfast am snack Lunch pm snack Dinner Evening snack

*(*Attach a sample weekly menu of items that will be prepared or served.)*

Type utensils used during service: Reusable Disposable

Location of meal preparations: Onsite _____ kitchen Off-site* _____

**If offsite meal preparation is intended, all food must be prepared in a food service operation such as restaurant, food stand, commissary or other approved facility. Provide name of facility:*

**By signing below, I hereby 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.*

Applicant signature: _____

Date: _____

Other information to be included in application submittal:

- **Building plan/floor plan layout drawn to scale;**
- **Employee health policy;**
- **Solid waste disposal method/company;**
- **Pest management company**
- **Plan review application fee \$250 (FEES ARE NON-REFUNDABLE)**