



**CARTERET COUNTY HEALTH DEPARTMENT**  
**Lodging Establishment Plan Review Application**

Proposed Name of Establishment: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this a chain or franchise? Yes No  
(If yes, submit plans for review to NCDHHS, 5605 Six Forks Road Building #3, Raleigh NC 27609)

Continental breakfast provided? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" please attach menu to application.

Building Information: New \_\_\_\_\_ Existing \_\_\_\_\_  
Proposed Construction/Remodel Date \_\_\_\_\_ Proposed Opening Date \_\_\_\_\_

Water Supply: City/Municipal \_\_\_\_\_ Well \_\_\_\_\_ Other (explain)  
\_\_\_\_\_

Sewage Disposal: City/Municipal \_\_\_\_\_ Septic System \_\_\_\_\_  
Other(explain) \_\_\_\_\_

**Please submit this application with the following items to Environmental Health, Carteret County Health Department, 3820-A Bridges Street, Morehead City, NC 28557. Call (252) 728-8499 for more information.**

- 1) Site plans & equipment layout (drawn to scale, recommend 1/4"=1')
- 2) Equipment specifications (make, model, spec sheets)
- 3) Plumbing and Lighting layouts
- 4) Well &/or septic system information, if applicable.

*I (we) understand that written approval of plans must be obtained prior to construction.*

**X** \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Please contact all other applicable agencies and organizations as required by law.**