



**Cabarrus Health Alliance
LODGING PLAN REVIEW APPLICATION**

Facility Information

Facility Name: _____

Address: _____

Proposed opening date: _____

Owner of facility: _____
(please include whether this is part of an association, corporation, partnership or individual ownership)

Type of Lodging Establishment

- Hotel/Motel* Bed and Breakfast Home (up to 8 rooms)
- Bed and Breakfast Inn (up to 12 rooms)

**Extended stay rooms located in the same building as daily rentals are subject to permitting and inspection.*

Number of guest rooms/units: _____

Water supply and wastewater disposal (municipal or on-site): _____

Swimming pool/spa on premises: _____

Food service:

- None
- No preparation but serves pre-packaged food that are non TCS (time/temperature control for safety)
- Prepares food, but none are TCS (time/temperature control for safety)
- Prepares or serves TCS food (time/temperature control for safety)

Provide the following information:

Number of meals to be served: _____

Menu submission: _____

Applicant Information

Name: _____
Title: _____
Mailing address: _____
Phone number: _____
E-mail: _____

Approval of these plans and specifications by Cabarrus Health Alliance does not indicate compliance with any other code, law or regulation that may be required (federal, state, or local). It further does not constitute approval of the completed construction (structure or equipment).

A pre-opening inspection by the Cabarrus Health Alliance of the establishment with equipment in place & operational will be necessary to determine compliance with the laws and rules governing food service establishments.

A permit application must be submitted by an applicant at least 30 days before the planned opening date. The permit application can be obtained from our website or by calling this office. Foodservice permits issued by this department are required to be issued before an establishment can operate.

I certify that the information in this application is correct to the best of my knowledge, and understand that any deviation without prior approval from this department may nullify this plan approval.

Signature: _____

Date: _____