



Mecklenburg County Health Department

Day Care Facility Plan Review Application

Name of Facility _____ Phone # _____

Physical Address of Facility _____ City _____ Zip _____

Owner of Facility _____ Phone # _____

Owner Address _____ City _____ State _____ Zip _____

Applicant/Contact Person _____ Phone # _____

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

Contact Person Address _____ City _____ State _____ Zip _____

SUBMIT THIS APPLICATION WITH PLANS TO LUESA. CONTACT LUESA AT (704)336-2831 OR WWW.MECKPERMIT.COM

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

Day Care licensing: () New () Currently licensed/license # _____
 Construction type: () New () Remodel Existing Structure. **YEAR BUILT:** _____
 Change of Ownership () Scope of Work: _____
 Sewage Disposal: () Municipal () Septic Tank () Other _____
 Water Supply: () Municipal () Well () Other _____
 Meals provided: () Breakfast () Lunch () Dinner _____
 Meal preparation: () Onsite () Offsite/Specify location _____ how transported _____
 Utensil use: () Single-service () Multi-use

Proposed operating days and hours: _____

Number of children presently or requesting licensing for: _____

Age of children to be served (**check all that apply**): () 0-1 years () 2-3 years () 4-5 years () 6+ years

In order to complete an Environmental Health plan review, the following must be submitted.

1. Architectural-quality plans, scale ¼ - 1", detailing:

- All structures, parking areas/driveways, trash can/dumpster locations, fencing, and existing wells or septic tanks
- All rooms and areas including, but not limited to: care rooms, sick, kitchen, dining, bathrooms, storage (food and non-food), laundry, diaper changing, infant-toddler food service, etc.
- All water supply and wastewater plumbing including hot water capacities, fixture types, etc.
- All lighting placement, type, and shielding
- All food service equipment placement and type. This includes manufacturers, model numbers, NSF listing etc.
- Storage facilities including shelving type, cubbies/coat racks, hazardous materials
- All air circulation systems including kitchen hood, HVAC systems, rest room ventilation and windows (screens)
- All finish details on floors, walls, ceilings, cabinets, etc. including substrate type, and coating material
- Solid waste disposal and cleaning facilities (e.g. can wash)

2. Other information as may be requested (**see attached guide**).

BOTH APPLICANT AND DAY CARE OWNER/DIRECTOR MUST SIGN APPLICATION.

Applicant NAME & TITLE: _____ Signature _____
(PRINT)

Day Care Owner/Director NAME: _____ Signature _____
(PRINT)

Date _____

Updated 04/08