



HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY

157 Paragon Parkway, Clyde, NC 28721-9481

Ira Dove, Agency Director

Public Health	828-452-6675	Social Services	828-452-6620
Dental Office	828-452-6701	Meals on Wheels	828-356-2442
Environmental Health	828-452-6682	Maple Leaf Adult Respite	828-456-9488

Lodging Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Phone (if available): _____ - _____ - _____ Fax: _____ - _____ - _____

Applicant: _____

Address: _____

City & State: _____ Zip Code: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email Address: _____

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

Owner: _____

Association _____ Corp _____ Individual _____ Partnership _____ Other _____

Address: _____

City & State: _____ Zip Code: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email Address: _____

Projected start date of construction: _____ Projected completion date: _____

"Enhancing the health, safety and full potential of our community"

Haywood County HHSA is an equal opportunity provider and employer

Lodging

Number of guest rooms: _____ ***Please attach a copy of your building plans.**

Food Service

Please select one of the following:

_____ This lodging establishment will prepare and/or serve potentially hazardous food for guests

_____ This lodging establishment will prepare/serve only food that is not potentially hazardous for guests

_____ This establishment does not prepare, but serves only prepackaged food that is not potentially hazardous for guests

“Potentially hazardous food (time/temperature control for safety food)” is a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation.

Proposed number of meals served: _____ ***Please attach a copy of your menu if applicable.**

Food service may require a separate plan review and permit.

Sewer and Water

Water supply: _____ Public- Name of entity providing: _____
or

_____ Private- Well permit number: _____

Wastewater: _____ Public- Name of entity providing: _____
or

_____ Private- Septic system permit number: _____

I 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.

Signature: _____ **Date:** _____

Please return form with payment to:
Haywood County Environmental Health
157 Paragon Parkway Suite 200
Clyde, NC 28721
(our offices are located next to the Tractor Supply Co.)

(Office Use Only)	Approved _____	Disapproved (give reason) _____
By _____	_____	_____
	REHS Signature	Date