

Senteno

Donna Johnson

**HARNETT COUNTY
HOSPITALS, NURSING AND REST HOMES AND OTHER INSTITUTIONS PLAN
REVIEW APPLICATION**

Review for Compliance with NC Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes and other Institutions (15A NCAC 18A .1300)

All items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail at PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office at 910-893-7547 with questions regarding the contents of this application.

Gale Violette, REHS
Food and Lodging Program Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Nikki Eason, REHS
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

I am furnishing 2 sets of plans that support all these areas

- _____ Plans which include food service facilities must also complete the Food Service Establishment Plan Review Application to provide information on this aspect of the operation.
- _____ Plans must include drawings showing the placement of equipment in the facility, including any storage areas, toilets and bathing facilities, laundry, trash can wash facilities, emesis and personal contact item wash areas, along with general plumbing, electrical, and mechanical and lighting drawings.
- _____ Plans must include a room finish schedule.
- _____ Plans must include a site plan locating exterior equipment such as dumpsters or compactors, and indicating the proposed connections to approved sewer and water connections.

APPLICANT: Carolina Commercial Contractors

ADDRESS: 1600 Colon Road Sanford NC 27330

MAILING ADDRESS: PO Box 130 Sanford NC 27331

PHONE: 919-776-4641

EMERGENCY PHONE: 919-353-7359 (Chase Dodson - project mgr)

EMAIL: Chase@carolinacommercialnc.com

RESIDENTS: _____ # EMPLOYEES: _____

MULTI-USE UTENSILS? YES _____ NO _____

WATER SUPPLY: _____

WASTEWATER DISPOSAL TYPE (Check one): SEWER SEPTIC _____