

Food Service Plan Review Application

Type of plan: New X Remodel _____

Name of Establishment: Flatwoods Middle School

Physical Address: 3544 US 401 S

City: Lillington State: NC Zip: 27546

Phone (if available): _____ Fax: _____

Email: _____

Applicant(s): Harnett County Board of Education

Address: 601 S Main Street

City: Lillington State: NC Zip: 27546

Phone: 910-263-9760 Fax: _____

Email: dtart@harnett.k12.nc.us

Owner (if different from Applicant): _____


Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature:  Date: 12-13-2024
(Applicant or Responsible Representative)