



Lincoln County Environmental Health

115 W. Main Street
Lincolnton, NC 28092
PHONE: 704-736-8426
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Lodging Plan Review Application/New Permit Application

OWNER

Name of Facility _____

Ownership Type: Association Corporation Individual Partnership Other Legal Entity _____

Physical Address of Facility _____ City _____ Zip _____

Mailing Address of Facility _____ City _____ Zip _____

Owner Email _____

APPLICANT

Applicant _____ Phone # _____

Applicant Mailing Address _____ City _____ Zip _____

Applicant Email _____

PERSON IN CHARGE (leave blank if new construction)

Name _____ Title _____ Phone # _____

Address _____ City _____ State _____ Zip _____

FACILITY INFORMATION

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.

Construction type: New Remodel (excluding cosmetic or non-structural changes) Change of Ownership
 Existing Structure, no construction requiring building permits

Scope of work:

of guest rooms _____ # of buildings _____

Sewage Disposal: Municipal (County or City Sewer) Septic Tank

Water Supply: Municipal (County or City Water Supply) Well

Food operations (if applicable):

prepares, or serves TCS (time/temp control for safety) foods to guest**

prepares only food that is non TCS (time/temp control for safety) to guests (*opening and plating croissants or Danishes from bulk packaging; opening bulk can fruit; baking muffins*)

MISSION STATEMENT

The Lincoln County Health Department provides quality health services to promote a healthy community.

VISION STATEMENT

Lincoln County Health Department services will promote healthy lifestyles through prevention, preparedness, and education.

does not prepare, but serves only non TCS (time/temp control for safety) prepackaged food (*continental breakfast i.e. individual packaged muffins, cartons of milk, individual cereal packets, whole fruit*)

Bed and Breakfast Only: # of meals a day _____

Types of meals: Breakfast Lunch Dinner

Menu(s) provided: YES NO

*****If for a hotel or motel, then a separate Food Service Establishment Plan Review Application shall be submitted.***

Signature attesting to the accuracy of this application _____

- *All franchised/chain food service establishments shall be reviewed by NCDHHS.*
- **If this is a new facility being constructed:** SUBMIT THIS APPLICATION WITH PLANS TO:
Lincoln County Environmental Health
302 N. Academy St., Suite B
Lincolnton, NC 28092
- Visit: <https://ehs.ncpublichealth.com/rules.htm> to view all NC Sanitation Rules.