



Lincoln County Environmental Health

115 W. Main Street
Lincolnton, NC 28092

PHONE: 704-736-8426

FAX: 704-736-8427



Request for Evaluation of a Residential Care Facility

1. Facility Name: _____
Facility Address: _____ Unit (where applicable): _____
City: _____ Zip: _____
License Number _____ (if applicable) Maximum Capacity: _____

2. Contact Person Information:
Name: _____ Phone (day): _____
Phone (cell): _____ Fax : _____
Email Address: _____

3. Supervising Agency (if applicable): _____
Agency Address: _____ City: _____ Zip: _____
Supervising Agency contact number: _____

4. Owner of Facility: _____

5. Type of License: Adult Care Home, Family Care Home, Mental Health, Maternity Home,
 Other _____

6. This request is for a: New facility Facility re-licensing

7. What dates/times someone will be onsite at the facility? _____

8. Sewage Disposal: Municipal (City/County Sewer) Septic system

9. Water Supply: Municipal (City/County Water Supply) Private well

10. Comments: _____

Signature of Applicant: _____ Date _____

Name of Applicant (PRINT): _____

Applicant Phone Number: _____

***Once this Department receives this application, an inspector will either 1) Call and schedule an inspection or 2) Conduct an unannounced inspection.*

Mail or FAX the completed application to: Lincoln County Environmental Health
115 W. Main St.
Lincolnton, NC 28092
(Ph) 704-736-8426 (Fax) 704-736-8427

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.