



Cleveland County NORTH CAROLINA

APPLICATION FOR A NEW RESIDENTIAL CARE FACILITY

Name of Facility: _____

Location Address: _____

City: _____ State: NC Zip: _____

Facility Phone #: _____ Email: _____

Owner of Business: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____

Please specify the following:

Sewer: Public/Municipal On-site Wastewater System

Water: Public/Municipal Private Water Supply

**Facilities connected to an on-site wastewater system may require an existing systems inspection.*

Number of Residents: _____

A "Resident" means a person, other than the administrator, his or her immediate family, and residential care facility employees, who is residing in a residential care facility.

Directions from Shelby:

You will be responsible for obtaining approval from appropriate zoning and building inspection departments. Their numbers are included below to assist you.

ZONING / BUILDING INSPECTION

Shelby 704-484-6805

Kings Mountain 704-734-4599

Cleveland County 980-484-4975/4997

FIRE MARSHALLS

704-484-6816

704-734-0555

980-481-4841

If your business will be located in any jurisdiction other than those listed above, please check with your city manager and/or town hall for permitting assistance.

Signature of Applicant: _____ Date: _____

APPLICATIONS CAN BE SUBMITTED IN PERSON OR BY MAIL TO:

Cleveland County Permits Office

1333 Fallston Road

Shelby, NC 28150