



# Cleveland County

NORTH CAROLINA

## APPLICATION FOR A HOSPITAL, NURSING HOME, REST HOME, ADULT CARE HOME OR OTHER INSTITUTION

**Name of Facility:** \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_

Facility phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner of Business:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner of Building:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Facility:**     Rest Home     Nursing Home     Hospital     Other Institution

**Please specify the following:**

Sewer:             Public/Municipal             On-site Wastewater System

Water:             Public/Municipal             Private Water Supply

Is the facility new construction or remodeled?     Yes     No

If a well is located on the property, what year was it constructed? \_\_\_\_\_

How many beds will be provided in this facility? \_\_\_\_\_

How do you plan to prepare all or most meals? \_\_\_\_\_

Will you be washing laundry onsite?     Yes     No

To assure that your application is processed in a timely manner, please submit a completed application including the following:

- Zoning Permit
- Site Plan showing all structures, property lines, wells, septic systems, dumpster, parking
- Building floor plan drawn to scale showing all rooms including bathrooms, bedrooms, dining areas, storage areas, janitorial closets, laundry, etc.
- If preparing meals on-site, also complete an application for foodhandling establishments as well.

**Review and approval of these plans and specifications by the Cleveland County Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. A pre-opening inspection of the establishment with equipment and furniture in place will be necessary to determine if it complies with the local and state laws governing the sanitation of institutions.**

*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.

**Proposed opening date:** \_\_\_\_\_

**Date Application Submitted:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**APPLICATIONS CAN BE SUBMITTED IN PERSON OR BY MAIL TO:**

Cleveland County Permits Office

1333 Fallston Road

Shelby, NC 28150