



**Moore County Health Department
Environmental Health Section**

PO Box 279, Carthage, NC 28327

Phone (910) 947-6283

Fax (910) 947-5127



Moore County Lodging Establishment Application

This application shall be used for hotels, motels, bed and breakfast homes and inns. Applications shall be submitted to: mcappleh@moorecountync.gov. A separate plan review application is required for pools and food establishments.

The following items *must* be submitted with this application to be considered complete:

- _____ Plans must include drawings showing the placement of equipment in the facility, including any storage, laundry, continental breakfast areas*, trash can wash facilities, along with general plumbing, electrical and mechanical and lighting drawings.
- _____ Plans must include a room finish schedule.
- _____ Plans must include a site plan locating exterior equipment such as dumpsters or compactors, pools and indicating the proposed connections to approved sewer and water connections.
- _____ Plans must be submitted separately for swimming pools and permitted foodservice areas
- _____ Specification sheets for ice machine, commercial laundry sanitizing equipment, etc.
- _____ Applicable Plan Review Fee(s)

**Continental breakfast is limited to the serving of bakery items, whole fruit, beverages and packaged items in single service wrappers. Lodging establishments that provide only continental breakfasts do not require permitting as foodservice establishments and do not need to complete a separate application. Establishments preparing time/temperature controlled for safety foods must submit a separate application and have approval before construction/renovation.*

Facility Information:

Facility Name: _____

Facility Address: _____
Street City NC State Zip

Proposed Opening Date: _____

Type of Establishment: _____ Hotel/Motel _____ Bed & Breakfast Home (up to 8 rooms) _____ Bed & Breakfast Inn (up to 12 rooms)

Owner Information:

Owner Name: _____ Phone Number: _____

Address: _____
Street City NC State Zip

Owner Email: _____

Applicant Information:

Applicant Name: _____ Phone Number: _____

Address: _____
Street City NC State Zip

Applicant Email: _____

Property Details:

Number of guest rooms/units: _____

Water Supply Source: _____ Municipal _____ On-site System Wastewater Type: _____ Sewer _____ Septic System



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Is there a swimming pool or spa located on site? ☐ Yes ☐ No

Type of Foodservice: ☐ None ☐ Continental Breakfast (pre-packaged foods, muffins, cereal, etc.)

☐ Prepares and cooks breakfast meat, eggs, etc. ☐ Full service restaurant

List Foods to be served: _____

Number of ice machines : _____ (specifications must be submitted for ice machines)

Type of sanitizer/disinfectant used in rooms/bathrooms: _____

Type of sanitizer/disinfectant used for laundry: _____

Water heater make and model number: _____

Approval of these plans and specifications by Moore County Environmental Health does not indicate compliance with any other code, law or regulation that may be required (federal, state or local). It further does not constitute approval of the completed construction. A pre-opening inspection by MCEH is necessary once equipment is in place and operational to determine compliance with the laws and rules governing food service establishments. I certify the information in this application is correct to the best of my knowledge, and understand that any deviation without prior approval from this department may nullify plan review.

Signature and Title: _____ **Date:** _____