



Lincoln County Environmental Health

115 W. Main Street
Lincolnton, NC 28092
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NEW SCHOOL APPLICATION

Application for: check one

Public school. School supported by public funds appropriated by the General Assembly of North Carolina, by the federal government, and through local governmental sources.

Private school. School which is not supported by funds appropriated by the General Assembly of North Carolina, by the federal government, or through local governmental sources.

Religious school. School which is not supported by funds appropriated by the General Assembly of North Carolina, by the federal government, or through local governmental sources.

Name of Facility _____ Phone # _____

Physical Address of Facility _____ City _____ Zip _____

Owner of Facility _____ Phone # _____

Mailing Address of Facility _____ City _____ State _____ Zip _____

Applicant/Contact Person _____ Phone # _____

Applicant Email Address _____

Relation to owner (mark one): Architect Owner Employee Contractor Other _____

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

Construction type: New, Remodel Existing Structure, Addition to existing structure, Change of Ownership

Scope of work for remodel or addition:

Year structure was originally built: _____

***If child day care licensed by DCDEE will be offered, a separate Child Day Care application and plan review may be required.**

***If structure is pre 1978, then a lead hazard investigation may be conducted in areas accessible to children under the age of 6.**

Sewage Disposal: Municipal (City or County Sewer) Septic Tank (Onsite waster water disposal system)

Water Supply: Municipal (City or County water supply) Well (private onsite water supply)

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.

Meals: Individually pre-portioned meal Students will bring bag lunch

**** Plan review is not required for Public and Non-Public schools, unless food is served at the school. A separate Food Service Application must be submitted if the food served to students is not a bag lunch or individually pre-portioned.**

Proposed operating days and hours: _____

Proposed date that facility will open: _____

Number of children presently or requesting approval for: _____

School: Grades (check all that apply):

Pre-K (partial day), K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

BOTH APPLICANT AND OWNER/DIRECTOR MUST SIGN APPLICATION

Applicant NAME & TITLE: _____
(print)

Signature _____ Date _____