



BLADEN COUNTY HEALTH DEPARTMENT

Environmental Health Division

P.O. Box 189

450 Smith Circle Elizabethtown, NC 28337

Phone: (910) 862-6852 Fax: (910) 862-6932

RESIDENTIAL CARE HOME APPLICATION

Type of Application: New Application Remodel Change of Ownership

Type of Operation: Residential Care Home Therapeutic Care Home Other: _____

Name of Facility: _____ Phone: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Name/Corporation listed on license: _____ Phone: _____

Licensee Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Email: _____

Residents Licensed for: _____ # of Staff On-Duty: _____ Projected Opening Date: _____

Please provide the following information about the facility:

WATER SUPPLY

- What type of water supply is provided? Municipal/Public Well*

WASTEWATER SYSTEM

- What type of wastewater system is provided? Municipal/Public Septic System*

** If the facility is served by a well or an on-site wastewater system, a separate application must be submitted to the On-site Wastewater Section to determine if the well and/or septic system meets requirements.*

**Statement: I hereby certify that the information provided herein is accurate to the best of my knowledge.
I understand that:**

- **Facilities which are found to be non-compliant with the design standards listed in 15A NCAC 18A .1600 “Rules Governing Sanitation of Residential Care Facilities” will not receive approval from this Department.**
- **Approval of this application or issuance of an operational permit by Bladen County Environmental Health does not constitute compliance with other codes, laws, regulations, and ordinances imposed by other regulatory authority having jurisdiction.**

Signature of Applicant/Operator: _____ Date: _____

**Please feel free to contact us at (910) 862-6852 if you have questions
about this application**