



ORANGE COUNTY HEALTH DEPARTMENT

Environmental Health Services
P.O. Box 8181, 131 W. Margaret Lane Suite 100
Hillsborough, NC 27278
PHONE: 919-245-2360
FAX 919-644-3006

www.orangecountync.gov

APPLICATION FOR A RESIDENTIAL CARE FACILITY

Applicant

Property Owner

Three horizontal lines for applicant information

Three horizontal lines for property owner information

Phone: _____

Phone: _____

Email: _____

Name of Facility: _____

Address of Facility: _____

Number of Residents: _____

Full-time residents (24 hrs.): _____

Day time residents (12 hrs. or less): _____

Age of Residents: _____

Number of employees per shift: _____

Number of shifts: _____

Will there be on-site laundry? Y N
[] []

Will there be food preparation on site?
[] []

Will a separate residence be maintained at the facility?
[] []

Water Supply: [] On-site well* [] Public [] Community

Waste Water: [] Septic system* [] Municipal Sewer

Licensing agency: _____

Agency contact: _____ Phone: _____

Directions:

Three horizontal lines for directions

*Application & fee for existing system must accompany this application.
Attach a drawing (to scale) of the layout of the facility.