



CARTERET COUNTY HEALTH DEPARTMENT

RESIDENTIAL OR THERAPEUTIC HOME APPLICATION

Name of Establishment _____

Location Address _____

Directions _____

Mailing Address _____

Location Phone _____ Fax _____

Owner _____

Contact Person _____

Mailing Address _____

Phone _____ Fax _____ Email _____

TYPE OF SERVICE (CHECK ALL THAT APPLY)

Residential care home /_/ Therapeutic home /_
Other /_/_

City Water /_/_ Private Well /_/_ Other /_/_
City Sewer /_/_ Septic Tank /_/_ Other /_/_

Number of clients facility will be licensed for _____

Number of permanent residents of the household _____

Licensing Agency _____ Phone _____

Contact person _____ Phone _____

Please sign and return to Carteret County Environmental Health, 3820 -A Bridges St. Morehead City, NC 28557 or fax to 252-222-7753. If you have any questions contact our office at 252-728-8499.

Signature

Date