



**AppHealthCare**  
 Appalachian District Health Department  
**Environmental Health Services**  
[www.AppHealthCare.com](http://www.AppHealthCare.com)



*Caring for our Community*

**COMMERCIAL OR NON-RESIDENTIAL FACILITY QUESTIONNAIRE**

Type of facility (check all that apply and elaborate on type of facility):

- Business: \_\_\_\_\_
- Food Service: \_\_\_\_\_
- Lodging: \_\_\_\_\_
- Event venue: \_\_\_\_\_
- Religious: \_\_\_\_\_
- Recreational: \_\_\_\_\_
- Educational: \_\_\_\_\_
- Public or emergency services: \_\_\_\_\_
- Health care: \_\_\_\_\_
- Other: \_\_\_\_\_

Square Footage:

Total Non-Residential Space	Retail Sales	Food Prep	Alcohol Tasting	Production / Warehouse	Other - _____	Other - _____

Has building occupancy been determined by Fire Marshal:  No  Yes – number \_\_\_\_\_

Are restrooms available for public use:  No  Yes

Total number of public or employee restroom fixtures: Sinks: \_\_\_\_\_ Toilets: \_\_\_\_\_ Urinals: \_\_\_\_\_

Are employee breakroom(s) are provided:  No  Yes, number of kitchen fixtures:

Utensil sinks: \_\_\_\_\_ Garbage Disposals: \_\_\_\_\_ Dishwashers: \_\_\_\_\_

Will laundry be performed onsite:  No  Yes, number of washing machines \_\_\_\_\_

Will showers be provided:  No  Yes, number of showers \_\_\_\_\_

Will there be any sleeping quarters for employees:  No  Yes, number of occupants: \_\_\_\_\_

Will there be any sleeping quarters for customers:  No  Yes\*, number of rooms: \_\_\_\_\_

\*If yes to above, are cooking facilities other than microwaves provided in customer rooms:  No  Yes

Number of parking spaces, if known: \_\_\_\_\_ Number of RV spots, if applicable: \_\_\_\_\_

Will any Industrial Process Wastewater (IPWW) be generated:  No  Yes  Unsure

For church or religious institution only without child care center, number of seats \_\_\_\_\_  
 (please skip chart on second page)

<b>BUSINESS OFFICE</b> 157 Health Services Road PO Box 309 Sparta, NC 28675 336-372-5641 336-372-7793 Fax	<b>ALLEGHANY CO. EH</b> 157 Health Services Road PO Box 309 Sparta, NC 28675 336-372-5641 336-372-1888 Fax	<b>ASHE COUNTY EH</b> 626 Ashe Central School Rd. PO Box 208 Jefferson, NC 28640 336-246-3356 336-846-1039 Fax	<b>WATAUGA COUNTY EH</b> 126 Poplar Grove Connector PO Box 307 Boone, NC 28607 828-264-4995 828-264-4997 Fax
--	---	---	---

Will a Full Kitchen or onsite food prep for customers, guests, students, residents or patients be provided?  
 \_\_\_\_\_ No\*      \_\_\_\_\_ Yes, number of meals per day: \_\_\_\_\_ A sample menu must also be provided.

Will a Warming Kitchen for plating only of customer, guest, student, resident or patient food be provided?  
 \_\_\_\_\_ No      \_\_\_\_\_ Yes

Will any dishwashing of customer, guest, student, resident or patient utensils be performed onsite?  
 \_\_\_\_\_ No\*      \_\_\_\_\_ Yes, provide sample menu

For event venues or food service establishments only, will any alcohol be served:  
 \_\_\_\_\_ No      \_\_\_\_\_ Yes

**\*For facilities (other than churches and certain non-profits) to be exempt from food service permit requirements and regular sanitation inspections, all dishes must be rented / returned to a rental company and all food must be provided by permitted caterers. School buildings and child care centers may still be subject to sanitation inspections regardless of food or utensil provisions. Please consult with our Food & Lodging Section for more information.**

Day	Hrs of Operation (please specify different shifts or event sessions if applicable)	Number of Customers, Guests, Residents/Patients or Students (per shift or event session if applicable)	Number of Employees (per shift or event session if applicable)	Duration Customers, Guests or Employees will be in Facility (i.e. 4 hr event, 8 hr shift)
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**\*All facilities must submit a floor plan showing all plumbing fixtures and with all areas (indoor or outdoor) labeled.**

**I understand that providing complete and accurate information about the proposed facility will assist this Department in determining whether the site is suitable and in properly sizing a septic system designed to handle the wastewater generated. Incomplete information could lead to issues with the wastewater system in the future. After submission of this form, our Department must be notified if any plans have changed.**

\_\_\_\_\_  
Submitted by

\_\_\_\_\_  
Date

BUSINESS OFFICE  
 157 Health Services Road  
 PO Box 309  
 Sparta, NC 28675  
 336-372-5641  
 336-372-7793 Fax

ALLEGHANY CO. EH  
 157 Health Services Road  
 PO Box 309  
 Sparta, NC 28675  
 336-372-5641  
 336-372-1888 Fax

ASHE COUNTY EH  
 626 Ashe Central School Rd.  
 PO Box 208  
 Jefferson, NC 28640  
 336-246-3356  
 336-846-1039 Fax

WATAUGA COUNTY EH  
 126 Poplar Grove Connector  
 PO Box 307  
 Boone, NC 28607  
 828-264-4995  
 828-264-4997 Fax