

Name of Residential Care:

## GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052 704-853-5200 • www.gastonhhs.org

Owner of Facility:

## **Residential Care Plan Review Application**

| Physical Address of Facility:                | Mailing Address of Facility:                                   |                                 | Phone Number:   |
|--|--|---------------------------------|---|
| Applicant, if not the owner of the facility: | Contact Person Phone<br>Number:                                | Applicant:                      | E-mail  |
|  |  | Owner                           |   |
|  |  | Architect                       |   |
|  |  | Employee                        |   |
|  |  | Contraction                     |   |
|  |  | Other                           |   |
|  | vith plans to Gaston County I<br>For additional information, y |                                 | artment at 991 W Hudson Blvd., Gastonia, NC 28052.<br>lite@gastongov.com. |
| Residential Care                             | Construction,  | if any                          |   |
| New  | New  |                                 |   |
| Currently Licensed and Remode                | I Remodel  |                                 |   |
| Change of Ownership                          |  |                                 |   |
| Sewage Disposal Method                       | ,  | Water Supply                    |   |
| Municipal                                    |  | Municipal                       |   |
| Onsite Septic System                         |  | Private Well                    |   |
| Other  |  | Community Well                  |   |
|  |  | Other                           |   |
| Numbers of Employees:                        | Number requ<br>licensure:                                      | Number requested for licensure: |   |
| Both Applicant and Reside                    | ential Care Owner/ Dire  | ector must sign appl            | ication!  |
| Applicant                                    | Date   |                                 |   |
| Owner/ Director                              | Date   |                                 |   |