

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SECTION

Notice of Intent to Suspend or Revoke Permit

COUNTY: _____

NAME: _____ ID: _____

STREET: _____

CITY: _____ DATE: _____

STATE: _____ ZIP CODE: _____ TIME: _____

Dear Owner or Operator:

Your establishment has been inspected in accordance with the laws and rules governing:

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| <input type="checkbox"/> food and lodging establishments in North Carolina General Statutes 130A-247 through 130A-250 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .2600 and related rules. | <input type="checkbox"/> public swimming pools in North Carolina General Statutes 130A-280 through 282 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .2500 and related rules. | <input type="checkbox"/> tattooing in North Carolina General Statutes 130A-283 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .3200 and related rules. |
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As a result of an inspection, the Department has determined that the establishment is in violation of Title 15A, Subchapter 18A, of the North Carolina Administrative Code, due to the following noncompliant items:

VIOLATIONS NOTED – Please List

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| <input type="checkbox"/> This letter is to notify you that based on these violations of the laws and rules, the Department INTENDS TO SUSPEND your permit or transitional permit thirty (30) days from the date of this notice. If the health department determines that all of the violations have been corrected before thirty (30) days expire, the suspension will not go into effect. | <input type="checkbox"/> This letter is to notify you that based on these violations of the laws and rules, the Department INTENDS TO REVOKE your permit or transitional permit thirty (30) days from the date of this notice. If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. |
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You have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B.

PLEASE NOTE: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** Meeting the 30-day deadline is critical to your right to a formal appeal. Do not wait for the outcome of any informal review or appeal if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by Law (N.C. General Statutes 150B-23) to serve a copy of your petition on the state agency that is a party to the action. The state agency party in this case is the North Carolina Department of Health and Human Services. Service must be made in accordance with Rule 4 of the North Carolina Rules of Civil Procedure and 26 NCAC 3 .0102(a)(3). You must send the copy to: Office of General Counsel, N.C. Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001. Do NOT send the copy of your petition to your local health department. Sending a copy of your petition to the local health department will NOT satisfy the legal requirements in N.C. General Statute 150B-23 that you serve a copy on the state agency that is a party to this action.

If you properly file a formal appeal by filing a petition for a contested case hearing in accordance with all statutory requirements prior to the expiration of thirty (30) days, the suspension or revocation shall be stayed pending a final decision by the state agency in the contested case. If you do not either correct the violations or petition for a contested case hearing within thirty (30) days, the suspension shall become effective at the end of thirty (30) days. If suspended, the health department must determine that all of the violations have been corrected before the suspension will be lifted.

You may also request an informal review of this decision in accordance with 15A NCAC 18A .2643. You may call or write the local health department if you need any additional information or assistance.

 Signature of Environmental Health Specialist

 Signature of Recipient

Purpose: General Statute 130A-23 gives the Secretary the power to suspend or revoke a permit issued pursuant to Chapter 130A, under certain conditions. This form is developed to be used for suspensions or revocations.
Preparation: Local environmental health specialists shall complete form EHS 4009A whenever an "Intent-to-Suspend or Revoke" is issued. **1.** Original to be left with responsible person **2.** Copy for the local health department. **3.** Copy for Environmental Health Section. **Disposition:** Please refer to Standard-8.B.6., Inspection Records, Records Retention and Disposition Schedule Form County/District Health Departments, published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632 (Courier 52-01-00)