

## Georgia Department of Public Health **Environmental Health Section** APPLICATION FOR TOURIST ACCOMMODATION (Hotel/Motel, Campground/RV Park, Bed and Breakfast Inn)

Complete in duplicate and forward the original to the **County Health Department** in which the facility is located.

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1. Name of Facility:						
2. Type of Construction: (0	Check Appropriate Block		New □ Remodel Set of Plans/Bluepri			р 🗖
3. Type of Facility: (Check Cabins  (# of unit	•• •					
4. Description of Utilities/A (Please obtain required ap	11 1	-	* *			
<ul><li>Sewage Disposal:</li><li>Food Operation:</li></ul>	Public Water Utility Public Sewage Utility Continental Breakfast Bed and Breakfast Meal		EPD Permitted Well □ MOU Well □ On-site Sewage Management System □ Foodservice Establishment □			
• Type of Pool:	Swimming Pool		Spa 🗖	a □ Special Purpose □		
6. Facility/Ownership Info Address of Facility:	Zoning  Building : rmation:	Inspec	tion  Fire			Ga.
Facility Phone Number:	• •		•	County		
Facility Owner's Name:			Phone #:			
Facility Owner's Address:	Street, Highway, or RFD		City	County	Zip Code	State
Authorized Agent * Name			Phone #:			
Authorized Agent* Address	SS: Street, Highway, RFD		City	County	Zip Code	State
7. Construction Date:			te Operation to Begin:			
The undersigned hereby appl seq. and hereby certifies that Department of Public Health.  The undersigned filed a not	ies for a permit to operate a he has received a copy of th	a Touri he Rule	st Accommodation posts for Tourist Accom	ursuant to the C modations, Cha	O.C.G.A. 31-2 apter 511-6-2,	8-1, et Georgia