

## Georgia Department of Public Health Environmental Health Branch

## APPLICATION FOR TOURIST ACCOMMODATION (Hotel/Motel, Campground/RV Park, Bed and Breakfast Inn)

Complete in duplicate and for	orward the original to the Co	ounty ]	Health Department in	n which the fac	ility is locate	ed.	
1. Name of Facility:							
2. Type of Construction: (	Check Appropriate Block		New <b>D</b> Remodel <b>f</b> Set of Plans/Blueprin			ip 🗖	
3. Type of Facility: (Check RV Pa	k Appropriate Block(s): H ark/Campground 🗖 (# spa			`	,	ıs)	
4. Description of Utilities/ (Please obtain required	Amenities: Check Approp	-	. ,				
<ul><li>Water Supply:</li><li>Sewage Disposal:</li><li>Food Operation:</li><li>Type of Pool:</li></ul>	Public Water Utility Public Sewage/Utility Continental Breakfast Bed and Breakfast Meal Swimming Pool		EPD Permitted WellMOU WellOn-site Sewage Management SystemFoodservice EstablishmentMenu enclosedSpaOther				
<ol> <li>Local Authority Approv</li> <li>Facility/Ownership Info</li> </ol>	Zoning D Building		(if applicable) ction □ Fire □ 0	Other 🗆			
Address of Facility:						Ga.	
Address of Facility:		City _ email address:	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* Addre	ss: Street, Highway, RFD		City	County	Zip Code	State	
7. Construction Date:		8. Date Operation to Begin:					
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The undersigned hereby applies for a permit to operate a Tourist Accommodation pursuant to the O.C.G.A. 31-28-1, et seq. and hereby certifies that he has received a copy of the Rules for Tourist Accommodations, Chapter 290-5-18, Georgia Department of Public Health.