



Chatham County Public Health

Division of Environmental Health

Lodging Plan Review Application/New Permit Application

Name of Facility _____ Phone # _____

Physical Address of Facility _____ City _____ Zip _____

Owner of Facility _____ Phone # _____

Mailing Address of Facility _____ City _____ State _____ Zip _____

Applicant/Contact Person _____ Phone # _____

Applicant Email Address _____

Relation to owner **(mark one)**: Architect , Owner , Employee , Contractor , Other _____

Commercial Plan Project Number (if applicable): _____

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

Type of lodging establishment: Hotel/Motel Bed and Breakfast Home (up to 8 rooms) Bed and Breakfast Inn (up to 12 rooms)

Construction type: New Remodel Existing Structure Change of Ownership

Scope of work: _____

Sewage Disposal: Municipal Septic Tank

Water Supply: Municipal Well

Proposed operating days and hours: _____

Proposed date that facility will open: _____

Number of guest rooms requesting approval for: _____

Type of hotel/motel room rentals: Daily Extended Stay*

*Extended stay rooms located in the same building as daily rentals will be subject to permitting and inspection.

Continental Breakfast Yes No

A separate Food Service Application must be submitted if food is to be served on site. *This does not apply to continental breakfast or meals at bed and breakfast facilities.*

BOTH APPLICANT/OWNER/DIRECTOR MUST SIGN APPLICATION.

Applicant NAME & TITLE: _____ Signature _____

(PRINT)

Date _____

If this is a new facility being constructed:

You may submit this application ONLINE at <https://cvportal.chathamnc.org/CityViewPortal> .

For questions, contact Lisa Morgan at 919-545-8309 or lisa.morgan@chathamnc.org

Visit <http://ehs.ncpublichealth.com/rules.htm> to view all sanitation regulations.
<http://www.chathamnc.org/government/departments-programs/environmental-health/food-lodging-and-institutions/lodging-establishments>