

Pender County Health Department

...Building a healthier tomorrow...

Carolyn Moser, MPA
Health Director

Lodging Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Type of Facility: () Bed and Breakfast Home () Bed and Breakfast Inn () Lodging

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Phone): _____ - _____ - _____ Fax: _____ - _____ - _____

Water Supply: () Municipal (public) () Private Well

Sewage Disposal: () Municipal (public) () Septic System

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Applicant: _____

Address: _____

City & State : _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Title (owner, manager, architect, etc.) _____

Projected start date of construction: _____ Projected completion date: _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____ **Date:** _____

(Owner or Responsible Representative)

803 S. Walker St., Burgaw, NC 28425 (910) 259-1230 Fax (910) 259-1258

Dental Center (910) 259-1503 Environmental Health (910) 259-1233 WIC (910) 259-1290

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Submittal Checklist

__ A complete set of plans drawn to scale including guest rooms, storage areas, laundry, trash can wash facility and food service . Plans must include general plumbing electric and lighting drawings, fixture schedules and room finish schedules.

__ Plans must include a site plan locating exterior buildings or equipment such as dumpsters.

__ A completed Lodging Plan Review Application.

__ Breakfast Menu.

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