

**RICHMOND COUNTY
HEALTH DEPARTMENT**
127 Caroline Street Rockingham, NC 28379



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Lodging Establishment Plan Review Application

Proposed Name of Establishment: _____

Address _____ Phone: _____

Owner's Name: _____ Phone: _____

Mailing Address: _____

Fax: _____ Email: _____

Contact Name: _____ Phone: _____

Is this a chain or franchise? Yes _____ No _____
(If Yes, Submit plans for review to NCDENR, 1630 Mail Service Center, Raleigh NC 27699-1630)

Continental breakfast provided? Yes _____ No _____ (If yes, please complete Foods being served and methods of preparation form.)

Building Information:

New Lodging Establishment _____ Existing Lodging Establishment _____ Previous Name _____

Proposed Construction / Remodel Date _____

Proposed Opening Date _____

Water Supply: City/Municipal _____ Well _____

Sewage Disposal: City/Municipal _____ On-site system _____

I hereby 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 Owner's Representative)