



Division of Environmental Health Lodging / Bed & Breakfast Plan Review Application

COMPLETE ALL PAGES OF THE APPLICATION

B & B Home
(8 or less guests)

B & B Inn
(more than 8 guests)

Hotel

A. Demographic

Name of Establishment _____ Address _____

Permittee (Legal Name of Corporation/Entity) _____ Name(s) of Registered Agent _____

Primary Registered Agent _____ Date of Birth _____ Address _____ City _____ Zip _____

Phone Number _____ Email Address _____

Primary Contact Person _____ Address _____ City _____ Zip _____

Phone Number _____ Email Address _____

B. Plan Submission

Contractor/Manufacturer _____ Address _____ City _____ Zip _____

Phone Number _____ Email Address _____

Architect/Engineer _____ Address _____ City _____ Zip _____

Phone Number _____ Email Address _____

Plan Pages Submitted: Equipment Plumbing Lighting Ventilation Site Shop Drawings

Specifications Submitted: Equipment Menu Finish Schedules

C. Lodging

of Rooms: _____ # of Employees: _____ # of Restrooms: _____

Check all that apply:

Daily Rentals
Room #s or Bldgs.: _____

Weekly or Longer Rentals
Room #s or Bldgs.: _____

D. Food Service

Type: Restaurant Drink Stand No Food or Beverage Service
 Guest Only Food Stand Continental Breakfast

If other, please explain: _____

Which best describe your food service? Dine In Take Out Catering
 Continental Hot Breakfast Manager's Reception

If other, please explain: _____

What types of utensils will be used in this facility? Plates Glassware Silverware Disposable Only

of meals: _____

E. Ice Machine

of Public Ice Machines: _____ Floors of Location: _____

Supplemental Well and Sewage Disposal System Information Form

For assistance with the information below contact Water Quality, 400 W. Market St., Greensboro, NC 27401, (336) 641-7613

Facility Information:

Type of Establishment: _____
Sq. Footage – Food Service Area: _____
of Public Restrooms: _____
Estimated # of meals per day: _____
 Dishwasher or Single Service

Existing Well & Sewage Disposal System Information:

Date Septic System Installed: _____
Permit #: _____
Date Well Installed: _____
Permit #: _____
Owner at time of Installation: _____

Please list any known Well or Septic Tank specifications and Location information:

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 (Authorized Representative)

Date

Please remit the application and all supporting information to:
(only complete applications will be accepted)

Guilford County Department of Public Health
Environmental Health Division
1203 Maple Street
Greensboro, NC 27405