



**CONSTRUCTION APPLICATION FOR PLAN REVIEW  
PUBLIC ACCOMMODATION**

Projected date of opening \_\_\_\_\_ Please check one  NEW  REMODEL

**SEPTIC TANK**  yes  no **WATER SUPPLY:**  Well  Muni. System  
Hours of Operation: Open \_\_\_\_ Close \_\_\_\_\_

Approximate number of employees: \_\_\_\_\_ Number Guest of Rooms: \_\_\_\_\_

Please check the appropriate boxes:

Hotel  Motel  B & B  Condo/Timeshare  Hostel

Room Service (ft<sup>2</sup> \_\_\_\_\_)  Continental Breakfast (ft<sup>2</sup> \_\_\_\_\_)

RV Park/Campground (# Spaces : \_\_\_\_\_)  MHP (# Spaces : \_\_\_\_\_)

**FACILITY NAME:** \_\_\_\_\_

**FACILITY ADDRESS:** (need actual address - if not available, please use major cross streets with corners and Assessor's Parcel Number (APN) - AS SOON AS ACTUAL ADDRESS IS AVAILABLE IT MUST BE CALLED IN TO SNHD - PLAN REVIEW: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OWNERSHIP:** (Corporation, partnership, LLC, or sole proprietor) If Corporation - 3 officers needed, If LLC - 3 members, If partnership - 3 partners names needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OWNER'S ADDRESS:** Corporation address and phone number along with 3 corporate officers names, addresses, and phone numbers - LLC - three members along with addresses and phone numbers (Use back of paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comment letter should go to: (NAME, MAILING ADDRESS, PHONE NUMBER, and FAX NUMBER)

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**OWNER'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print owner's signature name** \_\_\_\_\_

**CALL TO MAKE AN APPOINTMENT TO BRING THE PLANS IN FOR REVIEW OVER THE COUNTER, 759-1258. All fees (PLAN REVIEW & HEALTH PERMIT) must be paid at the time of plan submittal. If you need to know what the fees will be please call 759-1258 between the hours of 8:00 am - 4:30 pm.**

(Updated by hh 03/01/07)