



Macon County
Public Health

APPLICATION FOR LODGING PERMIT

Name of Establishment: _____

New _____ Existing _____

Type of Facility: Bed & Breakfast Home _____ Bed & Breakfast Inn _____ Lodging _____

Proposed Start of Construction Date: _____ Proposed Opening Date: _____

Facility Location Address: _____

Owner or Corporate Name: _____ Phone Number: _____

Mailing Address: _____

City _____ Zip Code _____

Contact Person: _____

Number of Staff: _____ Number of Guest Rooms: _____ Number of Occupants: _____

Operating Hours: _____ Year Round _____ Seasonal _____

Sewage Disposal: City _____ On-Site _____

Water Supply: Municipal _____ Community _____ Non-Community _____ Date Drilled: _____

If septic system is an on-site system, Name of the Original Owner and Date of Installation _____

I have submitted plans/application to the following:

City of Franklin _____	Date _____
City of Highlands _____	Date _____
Building Inspector _____	Date _____
Fire Marshall _____	Date _____

I hereby certify that the above information is accurate, and understand that any changes must be approved by the Public Health Center. Failure to provide any requested information may delay or prevent issuance of an operation permit.

Applicant's Signature and title: _____

Date: _____

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