



Gwinnett Environmental Health Services
455 Grayson Hwy – Suite 600
Lawrenceville, GA 30046
Phone: 770.963.5132
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www.gnrhealth.com

TOURIST ACCOMMODATION APPLICATION

Application Date: _____

TOURIST ACCOMMODATION

Number of Rooms

Permanent

Campground

Food will be served at this location

FACILITY INFORMATION

Facility Name _____

Address _____

City, State, Zip _____

Phone () _____ FAX () _____ Property Tax ID _____
(District-Land Lot-Parcel)

OWNER INFORMATION

Name _____ (CORPORATION NAME OR LLC IF APPLICABLE)

Address _____

City, State, Zip _____

Phone () _____ Work () _____ FAX () _____ Other () _____

E-mail _____

BILLING INFORMATION

Facility Name _____ Attention: _____

Address _____

City, State, Zip _____

ANY CHANGE OF OWNER NAME CONSTITUTES A CHANGE IN OWNERSHIP. ANY CHANGE IN OWNER/OWNERSHIP WILL REQUIRE A NEW PLAN REVIEW AND ANNUAL FEE. PERMITS ARE NOT TRANSFERABLE FROM OWNER-TO-OWNER OR PLACE-TO-PLACE.

AUTHORIZED OWNER/AGENT INFORMATION

Print Name _____ Phone () _____

Sign Name _____

Affiliation with facility (check one): Owner Contractor Architect Other _____