



## TOURIST ACCOMMODATION APPLICATION

Application Date: \_\_\_\_\_

|   |                                    |                                   |   |
|---|------------------------------------|-----------------------------------|---|
| <b>Tourist Court</b><br>Number of Rooms | <input type="checkbox"/> New       | <input type="checkbox"/> Existing | <input type="checkbox"/> Campground                           |
|   | <input type="checkbox"/> Permanent | <input type="checkbox"/> Pool     | <input type="checkbox"/> Food will be served at this location |

**FACILITY INFORMATION**

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_

**OWNER INFORMATION**

Name \_\_\_\_\_

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 PERMITTING 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 \_\_\_\_\_