

## **ENVIRONMENTAL HEALTH OFFICES**

## **GWINNETT**

455 Grayson Highway, Suite 600 1113 Usher Street, Suite 303 1329 Portman Drive, Suite F Lawrenceville, GA 30046 Covington, GA 30014 Conyers, GA 30094 **5** 770.963.5132 866.265.4293

**5**770.784.2121 **770.784.2129** 

NEWTON

ROCKDALE 770.278.7340 866.551.0133

## **Remodel Facility Application**

Check the box below for the type of remodel you are applying:

Section A Business Informa	ation	
Name:		
Permit #:	# of Parlor/Seats/Poo	ol Features/Rooms:
Address:		
Telephone:	Email:	
Section B Business Owner	Information	
Name (LLC, Corporation, or Persona	al Name):	
Section C Contact Informat	ion (if different from business informatio	n)
Name:		
Telephone:	Email:	
Section D Attachments		
$\square$ Detailed floor plan of the ex	cisting and proposed areas (must include	e the finish schedule).
cover, autoclave, etc.). Not must be resubmitted.	sheets for new equipment in the remode: If hot water demand will change, spectate the proposed changes below.)	
Section L Synopsis (Briefly)	state the proposed changes below.)	
Print Name:		
Signature:		Date:
Office Use Only: PR1 PR2	PR3 PR4 PR5	Dask Duty Initials: