



CARTERET COUNTY HEALTH DEPARTMENT

TRANSITIONAL PERMIT APPLICATION FOR LODGING ESTABLISHMENT

Former Name of Establishment _____

New Name (If Applicable) _____

Location Address _____

Mailing Address _____

Location Phone _____ Fax _____

Owner _____

Contact Person _____

Mailing Address _____

Phone _____ Fax _____ Email _____

TYPE OF SERVICE (CHECK ALL THAT APPLY)

Hotel / Motel	/__/	Bed and Breakfast Inn	/__/
Bed and Breakfast Home	/__/	Other	/__/
City Water	/__/	Private Well	/__/
City Sewer	/__/	Septic Tank	/__/
		Other	/__/
		Other	/__/

Number of Rooms _____

Proposed date of change of ownership _____

If you plan to provide a continental breakfast please attach proposed menu.

Do you plan to remodel the facility or add regulated food service? Yes /__/ No /__/

If yes, you must also complete a Lodging Plan Review Application

We, the undersigned, confirm that the above information is correct and understand that transitional permits expire ninety (90) days from date of issuance and cannot be extended or renewed.

Signature

Date

Please return to Carteret County Environmental Health, 3820 -A Bridges St. Morehead City, NC 28557 or fax to 252-222-7753. If you have any questions contact our office at 252-728-8499.