



Buncombe County Health & Human Services

Public Assistance & Work Support Strategies ~ Public Health ~ Social Work Services ~ Veterans Services

Buncombe County Lodging Establishment Plan Review Application

-Scaled plans must be provided by applicant prior to initiating construction, including additions or renovations.

-An application for a permit or transitional permit for a lodging facility must be submitted at least 30 days before the projected opening of the establishment.

Type of Construction

New _____ Remodel _____ Addition _____

Name of Facility _____

Physical Address of Facility _____

Billing Address of Facility _____

Contact Person _____

Contact Person Address, Phone Number, Email _____

Person Directly Responsible for Establishment _____

Address, Phone Number, Email _____

Owner of Establishment (Corporation, Association, Individual, etc.) _____

Name, Title, Address of Owner of Establishment _____

Type of Water: Municipal _____ Well _____

Type of Wastewater: Municipal _____ Septic System _____

Number of Proposed Guest Rooms in Establishment _____

Will Establishment provide meals? Yes _____ No _____

If yes, approximate number of meals served _____ (include proposed menu)

Briefly Describe the Foods That Are to be Prepared and Served, or Indicate Types of Prepackaged Foods That Will be Offered _____

The information provided above is true and accurate to the best of my knowledge:

(Printed Name, Signature, Title, Phone Number)