

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 COMMUNITY SERVICES
 ENVIRONMENTAL HEALTH SECTION

www.dpbh.nv.gov

**PLAN REVIEW APPLICATION FOR PUBLIC
 ACCOMMODATIONS**



Tracking No: _____

Date Approved _____

Expiration Date _____

Establishment Type (Check as many as apply):

Hotel Motel Bed and Breakfast Hostel

Business Information

Name of Public Accommodation			
Physical			
Billing/Mailing Address			
Business Phone			
Contact Name			
Telephone		Alt. Phone	
Email Address			
Contractor Name			
Phone		Alt. Phone	
Address			
Email address			
Architect/Engineer Contact			
Phone		Alt. Phone	
Address			
Email address			

Facility Information

<input type="checkbox"/> New Construction Date:	<input type="checkbox"/> Remodel Date:	<input type="checkbox"/> Ownership Change Date:
Number of Rooms:	Will RV parking be provided? (Provide number of spaces available)	

Hours of Operation

Open: Annual Seasonal (if seasonal) Date Open: _____ Date Close: _____

Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Water Information

Well Community Water Other: _____

Sewage System and Sanitation Facilities

Individual Sewage Disposal System Community Sewer Other: _____

Garbage Facilities

Are refuse containers fly proof, watertight and rodent proof? Yes No

Other Facility Information (Check as many as apply)

<input type="checkbox"/> Public Showers	<input type="checkbox"/> Public Laundry Facility	<input type="checkbox"/> Ice Machines
<input type="checkbox"/> Food Facility (including Room Service)	<input type="checkbox"/> Continental Breakfast	<input type="checkbox"/> Snack Bar
<input type="checkbox"/> Pool(s)	<input type="checkbox"/> Spa	<input type="checkbox"/> Other: _____

I certify that I am the legal owner of the property or an authorized representative of the property owner and that the information on this application is true and correct.

Signature of Applicant	Print Name	Date
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FOR OFFICIAL USE ONLY

Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)

Signature..... Date