



Jackson County Department of Public Health

154 Medical Park Loop • Sylva, NC 28779

Tel: 828-586-8994 • FAX: 828-586-1207

Shelley Carraway
DIRECTOR

Application for Lodging Permit

Name of Establishment: _____

New _____ Existing _____

Type of Facility: Bed & Breakfast Home Bed & Breakfast Inn Lodging

Proposed Start of Construction Date: _____ Proposed Opening Date: _____

Facility Location Address: _____

Owner or Corporate Name: _____ Phone Number: (____) _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Number of Staff: _____ Number of Guest Rooms: _____ Number of Occupants: _____

Operating Hours: _____ Year Round Seasonal

Sewage Disposal: City On-Site

Water Supply: Municipal Community Non-Community Date Drilled: _____

If septic system is an on-site system:

Name of Original Owner: _____ Date of Installation: _____

I have submitted plans/application to the following:

City of Sylva Date: _____

Other City Date: _____

Building Inspector Date: _____

Fire Marshall Date: _____

Jackson County Planning Office Date: _____



Jackson County Department of Public Health

154 Medical Park Loop • Sylva, NC 28779

Tel: 828-586-8994 • FAX: 828-586-1207

Shelley Carraway
DIRECTOR

I hereby certify that the above information is accurate, and understand that any changes must be approved by the Public Health Center. Failure to provide any requested information may delay or prevent issuance of an operation permit.

Applicant's Signature: _____

Title: _____

Date: _____