



West Virginia Department of Health and Human Resources
Monongalia County Health Department



APPLICATION FOR A PERMIT TO OPERATE

SG-49 Rev. 7/12

In accordance with applicable West Virginia Department of Health and Human Resources Legislative Rules, application is hereby made for a permit to operate a:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> Institution, School | <input type="checkbox"/> Park, Playground |
| <input type="checkbox"/> Bed & Breakfast Inn | <input type="checkbox"/> Labor Camp | <input type="checkbox"/> Producer Dairy Farm |
| <input type="checkbox"/> Body Piercing Studio | <input type="checkbox"/> Mass Gathering, Fair, Festival | <input type="checkbox"/> Public Restroom |
| <input type="checkbox"/> Campground
No. of sites _____ | <input type="checkbox"/> Manufactured Home Community
No. of sites _____ | <input type="checkbox"/> Recreational Water Facility
(Pool, Bathing Beach, Spa) |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Motel / Hotel
No. of rooms _____ | <input type="checkbox"/> Residential Care Facility
(Shelter, Group Home) |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Organized Camp | <input type="checkbox"/> Tattoo Studio |
| <input type="checkbox"/> Other _____ | | |

Facility Name _____

Location _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone/Cell Number _____ Fax Number _____

Email Address _____

Owner / Agent _____

I hereby certify that I have received a copy of the applicable rules and that I am familiar with the contents and requirements therein.

_____ Date

_____ Signature of Applicant
 () Owner () Agent

For Department Use Only

Date application received: _____ Permit no. _____

Date plans received: _____ By: _____ Date issued: _____ By: _____

Date plans reviewed: _____ By: _____ Expiration date: _____

Date plans approved: _____ By: _____ Date denied: _____ By: _____

Date inspected: _____ By: _____ Comments: _____

Permit Fee: \$ _____ Date paid: _____