Okanogan County Public Health

1234 South 2nd Avenue
P.O. Box 231
Okanogan, WA 98840
(509) 422-7140
TDD (800) 833-6388
http://www.okanogancounty.org/ochd/index.htm

APPLICATION FOR OVERNIGHT TRANSIENT ACCOMMODATIONS /BED & BREAKFAST PERMIT TO OPERATE

No permits will be issued by Okanogan County Public Health until the applicant has received approval from the Agencies listed below.

COUNTY/CITY PLANNING DEPARTMENT	COUNTY/CITY BUILDING DEPARTMENT
[ ] Approved [ ] Denied	[ ] Approved [ ] Denied
Signature _____ Date _____	Signature _____ Date _____

NAME OF ESTABLISHMENT: _____

[ ] OVERNIGHT TRANSIENT ACCOMMODATIONS [ ] BED & BREAKFAST

OWNER'S FULL NAME _____ MANAGER'S FULL NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

STREET ADDRESS (ESTABLISHMENT) _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ PARCEL # _____ # LODGING UNITS _____

Email address _____

****

WATER SYSTEM INFORMATION

WELL SOURCE: [ ] DRILLED [ ] DUG [ ] OTHER _____

WATER SYSTEM TYPE: [ ]GROUP A [ ]GROUP B [ ] PRIVATE GROUP ID#: _____

TOTAL COLIFORM LAST TESTED: _____ TEST RESULTS: [ ]SATISFACTORY [ ]UNSATISFACTORY

INORGANIC CONTAMINANT PANEL(IOC) TEST DATE: _____

Note: IOC and coliform results must be submitted with application. Permit will not be issued until records are on file.

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SEWAGE SYSTEM INFORMATION

SEWAGE DISPOSAL SYSTEM: [ ]PRIVATE [ ]PUBLIC DATE SYSTEM LAST PUMPED: _____

IF PRIVATE: SEPTIC SYSTEM PERMIT # _____

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APPLICATION FOR OTA/BED & BREAKFAST PERMIT TO OPERATE CONTINUED

IS THERE A HOT TUB OR SWIMMING POOL FOR GUEST USE? YES [ ] NO [ ]

IF THIS IS A B&B WHAT MEALS WILL BE SERVED: [ ] BREAKFAST [ ] LUNCH [ ] DINNER

****IF MEALS ARE TO BE SERVED, PLEASE ATTACH A MENU TO THIS APPLICATION****

IF THIS IS NOT A BED &BREAKFAST, ARE KITCHEN FACILITIES AVAILABLE IN THE LODGING UNITS? YES [ ] NO [ ]

EXACT DIRECTIONS TO FACILITY: _____

_____

_____

MONTHS OF OPERATION: _____

HAS A WASHINGTON STATE BUSINESS LICENSE BEEN APPLIED FOR? YES [ ] NO [ ]

_____ _____

SIGNATURE OF APPLICANT DATE

PLEASE DO NOT WRITE BELOW THIS LINE.

****

FEE: _____ RECEIPT: _____ DATE PAID _____

APPROVED [ ] PERMIT NUMBER: _____

DENIED [ ] DATE ISSUED: _____

REASON FOR DENIAL:_____

COMMENTS: _____

_____

_____

_____ _____

HEALTH OFFICIAL DATE

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