

MONTGOMERY COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL DIVISION  
3060 Mobile Highway  
Montgomery, AL 36108  
Phone: (334) 293-6452  
Fax: (334)293-6410

**For Department Use Only**  
Date Rec'd \_\_\_\_\_  
Fee Code \_\_\_\_\_  
Fee Amount \_\_\_\_\_  
Client # \_\_\_\_\_  
Permit # \_\_\_\_\_  
PHE \_\_\_\_\_

## LODGING Plan Review Application

New Construction     Conversion Construction     Remodel

**Name of Establishment:** \_\_\_\_\_

Establishment Address or Location: \_\_\_\_\_

City: \_\_\_\_\_ Alabama                      Zip Code: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Corporation Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Architect:** \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Rooms (Hotel): \_\_\_\_\_

I hereby certify that the above information is correct, and I understand that omission of any requested information may delay approval of the submitted plans. I am aware that completion of this application does not grant me permission to begin construction, conversion, or remodeling and that doing so constitutes a violation of Chapter 420-3-11, Rules of Alabama Board of Health for Construction, Maintenance and Operation of Hotels, 2007.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_