

**West Virginia Department of Health and Human Resources**  
**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<br>No. of sites _____ | <input type="checkbox"/> Manufactured Home Community<br>No. of sites _____ | <input type="checkbox"/> Recreational Water Facility<br>(Pool, Bathing Beach, Spa) |
| <input type="checkbox"/> Child Care Center                | <input type="checkbox"/> Motel / Hotel<br>No. of rooms _____               | <input type="checkbox"/> Residential Care Facility<br>(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: \_\_\_\_\_

\_\_\_\_\_