

Notification of Changes

- Change of Ownership New Permit Required
 Change of Name No New Permit Required
 Modification / Change in Building / Property

Name of Facility: _____

Address of Facility: _____

City, State, Zip of Facility: _____

Contact Person/Person in Charge: _____

Phone Numbers: _____ / _____

Permit Number: 028-T-[] [] [] [] []

DATE TO TAKE EFFECT OR BEGIN: _____

- Includes Pool Includes Food Service Permit Includes Additional Rooms
 Includes Changes to water heaters Includes changes to parking areas

Please provide a brief but detailed description of intended changes. (use additional sheets if necessary):

revised 23 Feb 09

Approved: _____	By: _____	Date _____
Denied: _____	By: _____	Date _____
Charges: _____		Date Paid: _____
Fax to 770-345-3222		