



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
Environmental Health Disease Prevention



Sanitary Permit Inspection Request

FORM B

Control # : _____

Section A: APPLICATION STATUS

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Pre-Operation | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Change of Name | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Management | <input type="checkbox"/> Other |

SECTION B: SELECT PERMIT TYPE

- | | |
|--|--|
| <input type="checkbox"/> School and other Child-Care Facilities | <input type="checkbox"/> Funeral Establishments, crematoriums & cemeteries |
| <input type="checkbox"/> Hotel/Motel/Room Accommodation | <input type="checkbox"/> Barber Shop and Beauty Parlors |
| <input type="checkbox"/> Tattoo and/or Body Piercing | <input type="checkbox"/> Swimming Pools and Water Parks |
| <input type="checkbox"/> Bathing Houses, Spas and Gymnasiums | <input type="checkbox"/> Penal Institutions |
| <input type="checkbox"/> Health Clinics (Dental, Optical, Chiropractic, Acupuncture, etc.) | <input type="checkbox"/> Massage Parlors |
| <input type="checkbox"/> Convalescent Homes | |

Section C: GENERAL INFORMATION

DBA Name : _____

Corporation Name : _____ Business Tel # : _____

Mailing Address : _____ Fax # : _____

Physical Location : _____ Email : _____

Street Name/ Village _____ Days of Operation : _____

Hours of Operation : _____

Water System : Direct to Public Water System Onsite Water Tank Both

Name of Person-in-Charge (PIC) : _____ Contact # : _____
Name & Title

Name of Owner (if different from PIC): _____ Contact # : _____

Signature of Applicant : _____ Date : _____
Print & Sign

I/We attest to the accuracy of the information provided, agree to comply with applicable regulations and will allow the regulatory authority (EHDP) access to the facility during any reasonable time to inspect, conduct tests or collect samples as required.

Section D: SUPPORTING DOCUMENTS

All required documentation must be submitted prior to inspection and approval of the Sanitary Permit.

- | | |
|--|--|
| <input type="checkbox"/> Valid Business License (provide copy) | <input type="checkbox"/> Medical Licensing Board Certifications (provide copy) |
| <input type="checkbox"/> Valid Building Occupancy Certificate (provide copy) | <input type="checkbox"/> Water Quality Testing Results (if applicable) |
| <input type="checkbox"/> Map of Establishment Location (attachment) | |
| <input type="checkbox"/> Valid Health Certificate (provide copy) | |

Section E: OFFICIAL ADMINISTRATIVE NOTATION

Accepting EHDP Personnel: _____ Date : _____

Administrative Notes: _____

For more information, please contact your local EHDP office at the numbers listed below or email john.tagabuel@chcc.health

●Saipan
Tel: (670) 664-4870/2/3

●Tinian
(670) 664-433-9263

●Rota
(670) 532-9461/2/3

Attachment: Vicinity Map

Establishment Name:

Location:

Tel. # :

Please show landmarks, street names, nearby buildings and businesses, and any other significant sites that will assist the EHDP in locating your establishment.

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