



## TOURIST HOME PLAN REVIEW

As specified under the Administrative Rules of Montana (ARM) 37.111.102, Plan Review documents must be submitted and approved **prior to** any construction, remodeling, or conversion of any new or existing establishments into a public sleeping accommodation. **This plan review is required in addition to any City/County/State permits.** The applicant is responsible for contacting City/County/State officials for requirements.

The completed Plan Review application and payment shall be submitted to CCHD at least 30 calendar days **prior to** any construction or alteration.

<u>Select all that apply:</u>	<u>Plan Review Fee Schedule:</u>	
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-10 rooms:	\$150 (3 Hrs)
<input type="checkbox"/> Conversion of Existing Home into Tourist Home	<input type="checkbox"/> 11-25 rooms:	\$200 (4 Hrs)
<input type="checkbox"/> Remodel or Addition to Tourist Home	<input type="checkbox"/> 26 or more rooms:	\$300 (6 Hrs)
<input type="checkbox"/> Ownership/Licensee Change	<input type="checkbox"/> Change of Ownership (no remodel):	\$100 (2 Hrs)
<i>Note: Fees include one onsite walk-through, if requested, and one pre-opening inspection. Additional walk-throughs or pre-opening inspections are \$100 per visit.</i>		
<i>Hourly Rate (if exceed base fee time): \$50/ hour</i>		

In addition to this application, **the following items must be submitted:**

- Septic Permit or recent Pumper’s Report if not permitted (if connected to private wastewater system).
- Current drinking water test results for Coliform Bacteria and Nitrates (if connected to private drinking water supply) (collection bottles can be obtained at CCHD)
- Location Conformance Permit Application (County Planning will send application to CCHD for approval *after* you start the application process)
- State Building and Fire Official approval (contact info on last page of application)
- Detailed plans (schematics) showing location of kitchen, bedrooms, laundry room, sinks, appliances, and storage areas for linens and cleaning supplies

**Allow a minimum of 30 calendar days (from date received) for application review. CCHD will contact you when the review has been completed.**

**Incomplete applications will *not* be reviewed and will be returned to applicant for completion.**

**Submit application and Fee (check payable to CCHD) to:**

City-County Health Department  
 Attn: Environmental Health  
 115 4<sup>th</sup> St. South, Great Falls, Montana, 59401

-----  
 Date Received: \_\_\_\_\_ Sanitarian: \_\_\_\_\_

Licensee (Owner) Name \_\_\_\_\_



Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Establishment Name** \_\_\_\_\_

**Number of Bedrooms** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Local Manager Name** (If different from Licensee) \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

*If previously licensed, former business name* \_\_\_\_\_

*Previous licensee/owner name* \_\_\_\_\_

*Previous license number* \_\_\_\_\_ *Last calendar year licensed* \_\_\_\_\_

Please complete all sections of this checklist to ensure you meet code requirements for Public Accommodation. Some sections denote that you should select “one” or “all that apply.” Make sure you complete those sections as described and fill in any additional information listed under those selections in the blank lines and check boxes provided. **You must have all the items in this checklist to be approved for licensure during the preopening inspection.** Please make sure you have all items as specified or have one of the selectable options under each section.

**DRINKING WATER SUPPLY**

*Select One:*

The home is connected to a public water supply, PWS # \_\_\_\_\_

The home has a private water supply (i.e., well or cistern).

Coliform test date \_\_\_\_\_ Result \_\_\_\_\_

Nitrate test date \_\_\_\_\_ Result \_\_\_\_\_

Note: Routine coliform tests are taken twice a year (April through June and again July through September) or as directed by the local sanitarian. Nitrate tests are taken every three years.

Refer to FCS Circular 1-2012 for construction and maintenance standards.



**NONPOTABLE WATER SUPPLY**

*Select One:*

- No nonpotable water supply (e.g., irrigation water).
- A nonpotable water supply will be used for \_\_\_\_\_, which does not expose the public to any health risk.
  - Points of access are marked “not for human consumption.”
  - No cross connection to a drinking water supply exists.

**WASTEWATER SYSTEM**

*Select one:*

- The home is connected to a public wastewater system, DEQ # \_\_\_\_\_.
- The home is connected to private wastewater system (e.g., septic system),  
Permit # \_\_\_\_\_.  
Refer to 50-2-116 MCA.

**SOLID WASTE STORAGE**

- Garbage containers are stable, rodent-proof, and protected from deterioration (if metal).
- Garbage storage is adequate and prevents any type of hazard.
- Containers are covered (when not in use) with lids which prevent flies and water from entering.

**SOLID WASTE REMOVAL**

*Select one:*

- Garbage is picked up by a contracted service, Company name \_\_\_\_\_.
- Garbage is taken directly to a licensed solid waste facility by establishment management, Landfill or transfer station name \_\_\_\_\_.

**Removal Frequency**

*Select one:*

- Garbage is removed at least weekly.
- A deviation from weekly removal is requested. Describe how the property manager will ensure storage, collection and disposal of solid waste will not create a hazard:

---

---

## **PHYSICAL REQUIREMENTS AND CLEANING DETAILS**

### **Bathtubs and showers are provided with:**

*Select one:*

- a built-in anti-slip surface.
- removable anti-slip mats.
- All furnishings, fixtures, floors, walls, and ceilings are clean and in good repair.
- Management provides for maintenance as needed.
- Storage space for extra bedding and furnishings is sufficient.
- Cleaning compounds and pesticides are stored, used, and disposed according to manufacturer's label instructions.
- Janitorial storage facilities are adequate and convenient.

### **Janitor sink**

*Select one:*

- Janitor sink is available for washing and rinsing mop, brooms, brushes, and other cleaning devices.
- Alternative location will be used for washing and rinsing mop, brooms, brushes, and other cleaning devices. Explain where this will occur and where mop water will be dumped

---

---

- Mops are air dried between uses.
- Toilet and urinal cleaning devices are separated from other cleaning supplies and not used for any other purpose.
- Bathtub and shower cleaning devices are separated from other cleaning supplies and not used for any other purpose.
- Ozone air purifiers are not used within the establishment. (Alternative methods of air cleaning can be used such as elimination of the pollution source, ventilation, or air filtration).
- All rooms, hallways, stairways, and public access areas are provided with sufficient light.
- Water provided at handsinks, bathtubs, and showers is between 100°-120°F.



Property is maintained to minimize insects, rodents, and other vermin. Describe cleaning schedule and pest control.

---

---

**LAUNDRY FACILITY**

Select one:

Laundry is done on-site.

Laundry is taken to an off-site facility. Name and location of facility: \_\_\_\_\_

---

Laundry is picked up by a contracted service. Name of service: \_\_\_\_\_

**LAUNDRY PROCESS REQUIREMENTS**

Bedding, towels, and other laundered items are mechanically washed.

Wash cycle is sufficient to remove all visible soil.

Laundered items are tumble dried to at least 130°F (hot) for at least 10 minutes.

Carts or other containers are labeled to separate clean and dirty items.

Hands are washed between touching dirty and clean laundry.

Laundry area has a handwashing sink with soap, paper towels and trash can.

If handwashing sink is also used for soaking laundry, explain how it will be available for handwashing when needed:

---

---

**CLEANING & MAINTENANCE REQUIREMENTS**

Home is cleaned and supplied with freshly laundered sheets, pillow covers, towels and washcloths before each new guest or group of guests arrive.

Clean bed sheets, pillow covers, towels and washcloths are provided to each guest at least weekly.

Guests may request more frequent service.

This establishment has a policy for more frequent service than weekly. Describe:

---

- 
- All bedding, towels, and washcloths provided by management are in good repair.
  - Each mattress is covered with a machine-washable pad.
  - Sheets adequately cover the bed and fold over the blanket at least six inches.
  - All bedding including quilts and comforters are machine-washable or covered with machine-washable linen such as a duvet.
  - Items provided to guests such as glassware, pitchers, ice buckets, coffee pots and other utensils used for food or drink are washed, rinsed, and sanitized:

*Select one:*

- with 50 ppm chlorine bleach solution ( $\frac{1}{2}$  cap or  $\frac{1}{2}$  teaspoon bleach/gallon water).
  - using dishwashing machine with a sanitize cycle.
- The following single-service (e.g., paper plates, plastic utensils) items are provided:

- 
- All utensils used for food or drink provided for guests are stored, handled, and dispensed in a manner which prevents contamination.

### **ICE**

*Select all that apply:*

- Ice is made from the establishment's water supply.
- Ice is obtained from a licensed vendor.
- Ice is made, stored, handled, and transported in a clean manner that prevents contamination.
- Ice machine drain(s) are air-gapped to wastewater system.
- Ice is made and stored in an automatic dispenser.

### **GUEST REGISTRATION REQUIREMENT**

- A register is kept for at least one year with the name of the guest, contact information, and unit to which the guest was assigned (for communicable disease investigations or other public health reasons).



**LICENSE REQUIREMENT AND DISPLAY**

Once you receive your license, it must be displayed in a visible location. The license is not transferable. This means if you sell your business to another person, the new owner must apply for a new license. If you move to a new location, you must apply for a new license. If you add any guest rooms, cabins, or other structures, you must contact the local health authority for a review and approval of your changes.

Approval of these plans and specifications by the local health authority does not relieve the applicant from satisfying applicable requirements from other federal, state, or local agencies. Other requirements may include, but are not limited to, the following: business licensing, building code permit and inspection, fire and life safety inspection, retail food licensing, public swimming pool, spa, and/or other water feature licensing.

***I hereby certify that the above information is correct. I fully understand that any deviation from the plans as submitted without prior permission from the health authority may nullify any approval from the local health authority and/or the department.***

**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**County and State Officials**

Cascade County Planning Department (Zoning/Location Conformance Permits)	406-454-6905
State Building Inspector (Cascade County)	406-439-2982
State Fire Marshal (Area 2)	406-771-1510

