



Flathead City-County Health Department

1035 1st Ave. West Kalispell, MT 59901

(406)-751-8130

Email: ehealth@flathead.mt.gov

www.flatheadhealth.org

Community Health Services
406-751-8110 FAX 866-380-1740
Environmental Health Services
406-751-8130 FAX 406-751-8131
Flathead Family Planning
406-751-8150 FAX 855-931-9091
Population Health Services
406-751-8101 FAX 406-758-2497
WIC Services
406-751-8170 FAX 406-751-8171
Animal Shelter
406-752-1310 FAX 406-752-1546

Motel/Hotel Plan Review Application



Facility Information

Establishment Name (required):

(99 1st St., My Place, etc.)

Physical Address of the Rental:

(Street Address, City)

Owner Information

Owner Name:

Company/LLC:

Mail Address:

Phone:

E-mail:

Manager/Contact Information (if different)

Contact Name:

Company/LLC:

Mail Address:

Phone:

E-mail:

FCCHD use only

Date:

Amount Paid:

Payment Method:

Receipt #:

Received by:

Providing quality public health services to ensure the conditions for a healthy community.

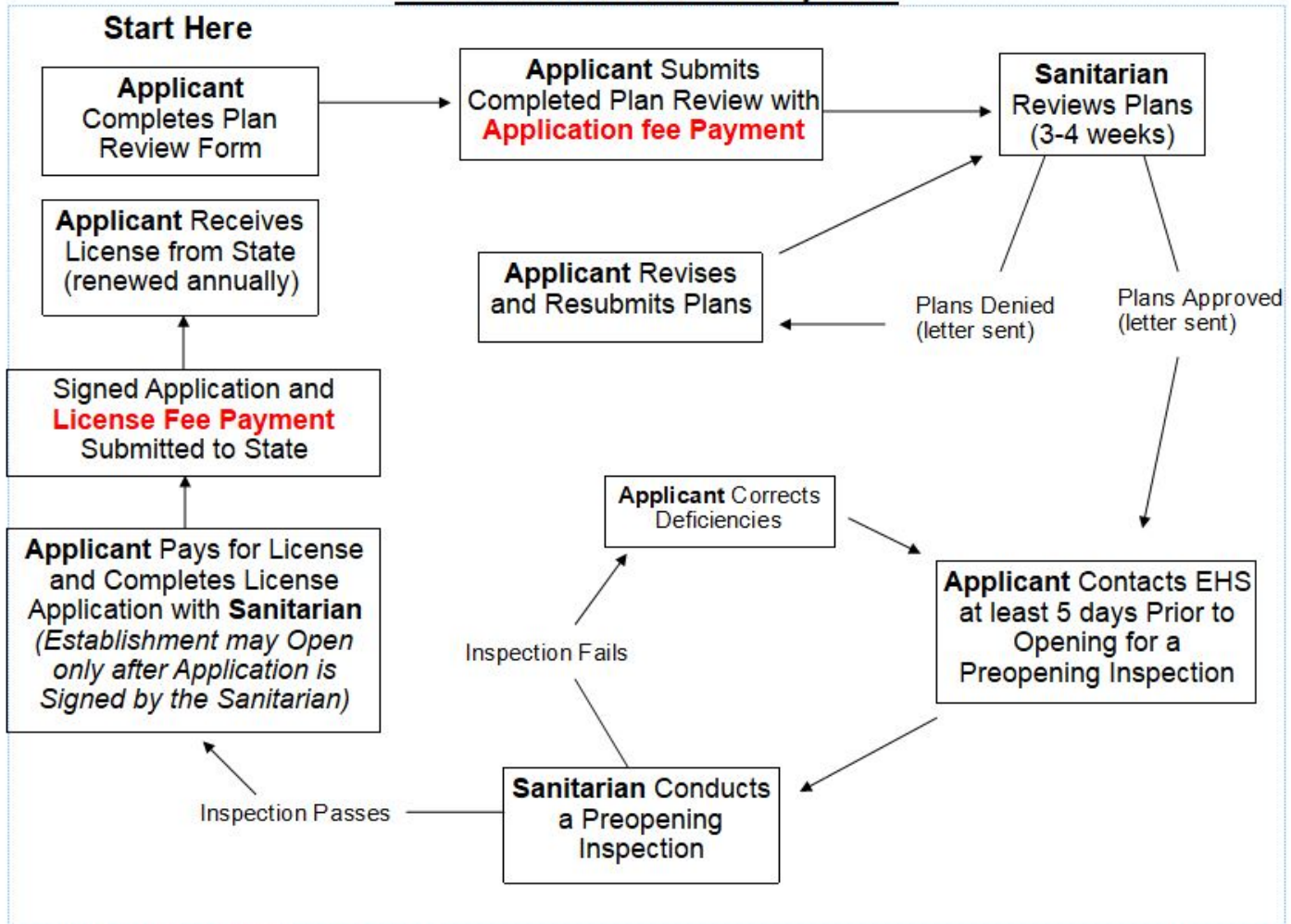


Fee Schedule

Base Fee Descriptions	Fee Amt.	Qty. (enter #)	Total (multiply across)
Base Plan Review Application Fee	\$280.00		
Continental Breakfast Review	\$140		
Expanded Breakfast (Hot Breakfast) Review	\$245		
Public Accommodation with over 50 units and contains food service	\$280		
Non-municipal Services (Well / Septic) Review	\$100.00		
Total:	--	--	

NOTE: This is NOT a license fee. A license fee of \$40, \$80, or \$160, based on the number of guest rooms, is due to the MT Department of Public Health and Human Services, Food and Consumer Safety Section after the plan review is approved and an inspection is completed.

Establishment Licensing Path



S:\EH\FOOD & CONSUMER\PlanReview\2022\PathRevised.pub

Figure 1.



Guidelines for an Efficient Review Process

Your application will be reviewed in the order it is received by the inspector to whom the application is assigned. In order to make the review process as fast as possible, ensure the following:

- Complete the application entirely – do not leave any question blank (check “NA” if not applicable)
- Ensure answers are legible (neat and large enough writing to read)
- Complete the application that reflects how the facility will look and operate at the time of opening
- Submit the application as early as possible (allow 3-4 weeks before intended operation date)
- Be available if contacted by the reviewer during the review process and respond to contact quickly
- **Contact other agencies (zoning, building, fire, etc.) – they may require additional permits**
 - **County – State building / fire codes apply to facilities in County jurisdictional areas**
 - **Cities (Whitefish, Columbia Falls and Kalispell) have their own permitting processes. Check with the respective city in which you are located for permitting requirements.**
- Read the frequently asked questions (FAQ) sheet on the Department web-site:
<https://www.flatheadhealth.org/environmental-health/public-accommodations/>
- Include all required information & documents listed on the checklist at the end of this application

A) Property Requirements:

<small>office use only</small>	#	Item (explain in detail)		Y	N	NA
	1	Which zoning jurisdiction does the vacation rental reside? <input type="checkbox"/> Flathead County <input type="checkbox"/> City of Kalispell <input type="checkbox"/> City of Whitefish <input type="checkbox"/> City of Columbia Falls				
	2	Have you contacted your zoning district to determine if a permit for a short-term rental is required at the proposed address?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	If required by zoning, have you applied for a permit? Zoning Signature: _____ Date: _____ *The zoning office may be contacted by this office for confirmation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	If the property is less than 20 acres, is there a restriction on the Certificate of Subdivision Approval for the property (i.e. one single family dwelling)? Submit a research request for a copy of your COSA here: https://www.flatheadhealth.org/land-research-request-form/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Have the appropriate building (plumbing, electrical, etc.) and fire authorities been notified of the plans? See attached contact information.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Number of Guest Rooms: _____ Maximum Occupancy: _____				

B) Water Supply:

<small>office use only</small>	
	<input type="checkbox"/> Public (City or Public Water Supply Name/#): _____
	<input type="checkbox"/> Private (please check one) <input type="checkbox"/> Private Well <input type="checkbox"/> Surface Water (lake, stream, ditch or drainage basin, or artificial reservoir) *Attach water test results (required). Testing must include Coliform and Nitrate.



C) Wastewater Disposal

<i>office use only</i>			
	<input type="checkbox"/> Public (City or Public Sewer): _____		
	<input type="checkbox"/> Private (septic system) *Attach a copy of your septic permit (required). Look up and print a copy of your septic system permit here: https://maps.flathead.mt.gov/portal/apps/sites/#/applications or submit a research request here: https://www.flatheadhealth.org/land-research-request-form/		

D) Solid Waste (Trash)

<i>office use only</i>		Yes	No
	Will solid waste be collected, stored and disposed of in a manner that does not create a sanitary nuisance?	<input type="checkbox"/>	<input type="checkbox"/>
	Will all solid waste be stored in containers that are sufficiently covered, watertight, rodent-proof, and tip-resistant?	<input type="checkbox"/>	<input type="checkbox"/>
	Will solid waste be removed from the premises at least weekly to a licensed disposal facility?	<input type="checkbox"/>	<input type="checkbox"/>

E) Guest Register

<i>office use only</i>		Yes	No
	A guest log must be maintained and kept for 1 year with the following information: Name, home address, and phone number of each guest. Do you understand and intend to comply with this requirement?	<input type="checkbox"/>	<input type="checkbox"/>

F) Physical Requirements

<i>office use only</i>		Yes	No
	Will facility and furnishings/fixtures be maintained clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
	Is sufficient storage space provided for extra bedding and furnishings?	<input type="checkbox"/>	<input type="checkbox"/>
	Are all rooms provided with adequate light?	<input type="checkbox"/>	<input type="checkbox"/>
	Are rooms that are subject to large amounts of moisture, such as bathrooms and laundry rooms, have smooth and non-absorbent floors and walls?	<input type="checkbox"/>	<input type="checkbox"/>
	Will floor and wall-mounted furnishings be easily moveable to allow for cleaning or mounted in such a manner to allow for cleaning around and under such furnishings?	<input type="checkbox"/>	<input type="checkbox"/>
	Will the facility be maintained to minimize the presence of insects, rodents, and other vermin? This may include screens on windows and/or doors.	<input type="checkbox"/>	<input type="checkbox"/>
	Do all plumbing drains have a trap such as a "P" trap designed to prevent sewer gas entry into the establishment?	<input type="checkbox"/>	<input type="checkbox"/>

G) Bathrooms

<i>office use only</i>		Yes	No
	Will hand washing sinks and bathing facilities be provided with water at a temperature between 100°F and 120°F?	<input type="checkbox"/>	<input type="checkbox"/>
	Will bathing facilities be provided with anti-slip surfaces or mats?	<input type="checkbox"/>	<input type="checkbox"/>



H) Amenities Provided

office use only	Yes	No
<p>Select the option that best describes the food service offerings to guests (NOTE: food offered to anyone other than an overnight guest may require separate approval as a licensed food purveyor and separate licensure):</p> <p><input type="checkbox"/> No food or beverages</p> <p><input type="checkbox"/> Prepackaged/non-perishable items (ground coffee, dry tea, seasonings...)</p> <p><input type="checkbox"/> Continental or cold breakfast items (donuts, muffins, fruit, etc.) *requires submission of a food service plan review addendum</p> <p><input type="checkbox"/> Hot breakfast items (bacon, sausage, eggs, pancakes, etc.) *requires submission of a food service plan review addendum</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will a pool or spa be provided for guest use?</p> <p>*If yes, the pool/spa must be emptied between guests. If the pool/spa will not be emptied between guests a pool/spa plan review must be completed with Montana Department of Public Health and Human Services at 406-444-2837.</p>	<input type="checkbox"/>	<input type="checkbox"/>

I) Ice

office use only	Yes	No
<p>Ice must be made from the on-site water supply or obtained from a licensed supplier. How will ice be made and served to guests? *Please check one.</p> <p><input type="checkbox"/> By a freezer's automatic dispenser <input type="checkbox"/> Bought by a commercial supplier</p> <p><input type="checkbox"/> Manually by ice trays <input type="checkbox"/> No ice or ice trays will be provided</p>		
<p>Will ice be made, stored, handled, served and/or transported in a manner that prevents contamination? This includes sanitizing ice trays/bins and scoops.</p>	<input type="checkbox"/>	<input type="checkbox"/>

J) Housekeeping & Maintenance

office use only	Yes	No
<p>Will guest rooms be cleaned and supplied with freshly laundered sheets, pillow covers, towels, and washcloths before each new guest?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will clean sheets, pillow covers, towels, and washcloths be provided to each guest at least weekly?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will all bedding, including quilts and comforters, be machine washable or covered with a machine-washable linen (duvet)?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will all mattresses be covered with a machine washable pad?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will mops, brooms, or other cleaning devices be cleaned in an appropriate location such as, a utility sink or outside?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will mop heads be air dried between uses?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will toilet cleaning devices be kept separate from other cleaning supplies and not used for any other purpose?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will cleaning compounds and pesticides be stored, used, and disposed of in accordance with the manufacturer's instructions?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will ozone air purifiers be used in the establishment?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>How will utensils for food or drink be sanitized? * Please check one.</p> <p><input type="checkbox"/> Dishwasher has a sanitizing cycle.</p> <p><input type="checkbox"/> By hand in a 2 or 3 compartment sink, using a bleach or quat sanitizer.</p> <p><input type="checkbox"/> Will only use disposable food or drink items and/or utensils.</p>		



K) Laundry

<i>office use only</i>	Yes	No
Will the establishment have a laundry room with a mechanical washer and hot air dryer? If no, where will laundry be done? _____	<input type="checkbox"/>	<input type="checkbox"/>
Will all bedding, towels, and other laundered items be mechanically washed and hot air dried?	<input type="checkbox"/>	<input type="checkbox"/>
Will a hand washing sink, such as a bathroom, be conveniently located near the laundry room?	<input type="checkbox"/>	<input type="checkbox"/>
Is there sufficient space for sorting, folding, and storing clean laundry to prevent contamination from soiled laundry?	<input type="checkbox"/>	<input type="checkbox"/>
Will separately, labeled laundry baskets be used for transporting clean laundry and soiled laundry to prevent contamination?	<input type="checkbox"/>	<input type="checkbox"/>

Required Documentation Checklist (NOTE: incomplete applications may not be reviewed)

Yes	NA	
<input type="checkbox"/>		I have included a floor plan showing the location of rooms, sinks, tubs, showers, toilets and laundry machines. *This can be a hand sketch, <u>if neatly completed</u>
<input type="checkbox"/>		I have included the application fee for this application <u>OR</u> will submit the fee at a later date (I understand that the application will not be logged in or reviewed until the fee is received)
<input type="checkbox"/>		I have signed the application below
<input type="checkbox"/>	<input type="checkbox"/>	I have included a copy of my septic system permit (if not connected to municipal sewer)
<input type="checkbox"/>	<input type="checkbox"/>	I have included a copy of my water test results (if not connected to municipal water)
<input type="checkbox"/>	<input type="checkbox"/>	I have completed and included a food service addendum application (if providing food other than ground coffee, dry tea, seasonings, etc.)

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required—Federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing sleeping accommodation establishments before a license may be issued or validated by the health officer.

STATEMENT: I hereby certify that the above information is correct; and, I fully understand that any deviation from the above without prior permission may nullify any approval given.

Signature: _____ **Date:** _____

For Office Use Only

Sanitarian Sign-Off: _____

Letter _____ **Phone** _____ **Date of Approval** _____

Denial Dates: _____

