

Flathead City-County Health Department

1035 1st Ave. West Kalispell, MT 59901 (406)-751-8130 Email: ehealtheflathead.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

Tourist Home (Vacation Rental) Plan Review Application



Facility Information	
Establishment Name (required):	
(99 1st St., My Place, etc.)	
Physical Address of the Rental: (Street Address, City)	
(Officer Address, Only)	
Owner Information	Manager/Contact Information (if different)
Owner Name:	Contact Name:
Company/LLC:	Company/LLC:
Mail Address:	Mail Address:
Phone:	Phone:
E-mail:	E-mail:
FCCHD use only	
Date:	
Amount Paid:	
Payment Method:	
Receipt #:	

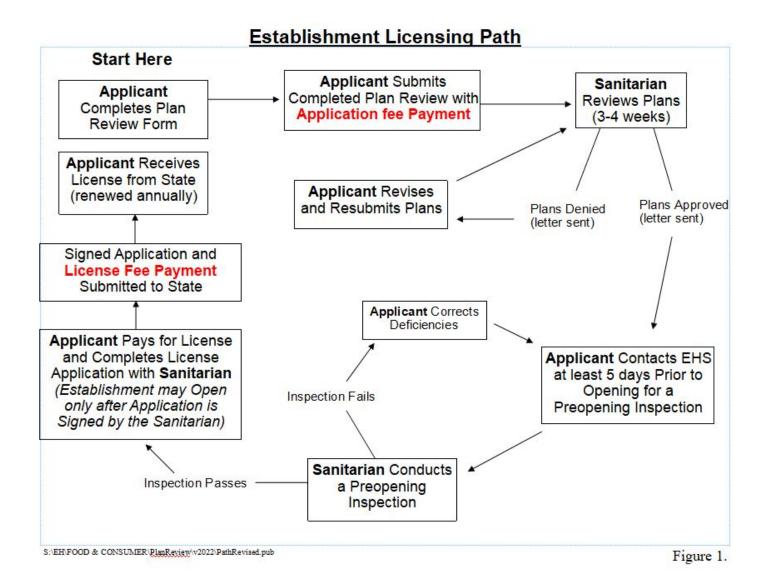


Received by:

Fee Schedule

Base Fee Descriptions	Fee Amt.	Qty. (#)	Total (across)
Base Plan Review Application Fee (for each separate rental unit)	\$280.00		
Non-municipal Services (Well / Septic) Review (per separate well/septic – one fee if multiple units share a well and septic)	\$100.00		
Total:			

NOTE: This is NOT a license fee. A \$40 license fee per rental unit 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.



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

<u>A)</u> P	roperty Requirements:			
office use only	# Item (explain in detail)	Υ	Ν	NA
	1 Which zoning jurisdiction does the vacation rental reside?			
	□ Flathead County □ City of Kalispell			
	□ City of Whitefish □ 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?			
	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.			
	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/			
	5 Have the appropriate building (plumbing, electrical, etc.) and fire			
	authorities been notified of the plans? See attached contact information.			
	6 Number of Bedrooms: Maximum Occupancy:			
	/ater Supply:			
office use only				
	□ Public (City or Public Water Supply Name/#):		_	
	□ Private (please check one)			
	□ Private Well			
	☐ Surface Water (lake, stream, ditch or drainage basin, or artificial reserv	oir))	
	*Attach water test results (required). Testing must include Coliform and Nitra	te.		



C) W	/astewater Disposal		
office use only	Check One:		
•	□ Public (City or Public Sewer):		
	□ 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 resear request here: https://www.flatheadhealth.org/land-research-request-form/	ch	
	olid Waste (Trash)		
office use only		Yes	No
	Will solid waste be collected, stored and disposed of in a manner that does not create a sanitary nuisance?		
	Will all solid waste be stored in containers that are sufficiently covered, watertight, rodent-proof, and tip-resistant?		
	Will solid waste be removed from the premises at least weekly to a licensed disposal facility?		
	uest Register		
office use only		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?		
E\			
F) P	hysical Requirements	Yes	No
Office use Offig	Will facility and from inhings of the majerian and along and in good now air ?		
	Will facility and furnishings/fixtures be maintained clean and in good repair?		
	Is sufficient storage space provided for extra bedding and furnishings?		
	Are all rooms provided with adequate light?		
	Are rooms that are subject to large amounts of moisture, such as bathrooms		
	and laundry rooms, have smooth and non-absorbent floors and walls?		
	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?		
	Will the facility be maintained to minimize the presence of insects, rodents, and other vermin? This may include screens on windows and/or doors.		
	Do all plumbing drains have a trap such as a "P" trap designed to prevent sewer gas entry into the establishment?		
	athrooms		
office use only		Yes	No
	Will hand washing sinks and bathing facilities be provided with water at a temperature between 100°F and 120°F?		
	Will bathing facilities be provided with anti-slip surfaces or mats?		



H)	Amenities	Provided
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office use only		Yes	No
	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):		
	□ No food or beverages		
	□ Prepackaged/non-perishable items (ground coffee, dry tea, seasonings)		
	□ Continental or cold breakfast items (donuts, muffins, fruit, etc.)		
	*requires submission of a food service plan review addendum		
	□ Hot breakfast items (bacon, sausage, eggs, pancakes, etc.)		
	*requires submission of a food service plan review addendum		
	Will a pool or spa be provided for guest use? *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.		
	Department of Fubile ficultif and framail oct vices at 400-444-2007.		
I) Ic	e		
office use only		Yes	No
	Ice must be made from the on-site water supply or obtained from a licensed su	pplier.	
	How will ice be made and served to guests? *Please check one.	PP	
	☐ By a freezer's automatic dispenser ☐ Bought by a commercial sup	nlior	
	,	•	
	☐ Manually by ice trays ☐ No ice or ice trays will be pro		
	Will ice be made, stored, handled, served and/or transported in a manner that		
	prevents contamination? This includes sanitizing ice trays/bins and scoops.		
.l) H	ousekeening & Maintenance		
	ousekeeping & Maintenance	Yes	No
J) H		Yes	No
	Will guest rooms be cleaned and supplied with freshly laundered sheets,	Yes	No
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K) L	aundry		
office use only		Yes	No
	Will the establishment have a laundry room with a mechanical washer and hot air dryer? If no, where will laundry be done?		
	Will all bedding, towels, and other laundered items be mechanically washed and hot air dried?		
	Will a hand washing sink, such as a bathroom, be conveniently located near the laundry room?		
	Is there sufficient space for sorting, folding, and storing clean laundry to prevent contamination from soiled laundry?		
	Will separately, labeled laundry baskets be used for transporting clean laundry and soiled laundry to prevent contamination?		
Required D	ocumentation Checklist (NOTE: incomplete applications may not be review	ved)	
Yes NA			
	have included a floor plan showing the location of rooms, sinks, tubs, showers, to aundry machines. *This can be a hand sketch, if legible .	oilets	and
	have included the application fee for this application <u>OR</u> will submit the fee at a launderstand that the application will not be logged in or reviewed until the fee is a		
	have signed the application below		
I	have included a copy of my septic system permit (if not connected to municipal s	ewer)
<u> </u>	have included a copy of my water test results (if not connected to municipal wate	er)	
	have completed and included a food service addendum application (if providing t ther than ground coffee, dry tea, seasonings, etc.)	food	
indicate co state, or lo establishm equipment governing validated b	f these plans and specifications by this Health Regulatory Authority does in mpliance with any other code, law, or regulation that may be required—Fedeal. It further does not constitute endorsement or acceptance of the complent (structure or equipment). A pre-opening inspection of the establishment will be necessary to determine if it complies with the local and state laws sleeping accommodation establishments before a license may be issued only the health officer. IT: I hereby certify that the above information is correct; and, I fully undersylviation from the above without prior permission may nullify any approval great and the state of the complex states.	deral, eted nt wit r	th
-	Date:		
J	For Office Use Only		
Sanitarian	Sign-Off:		
	Phone Date of Approval		
Denial Date	s:		

