



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

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)

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.

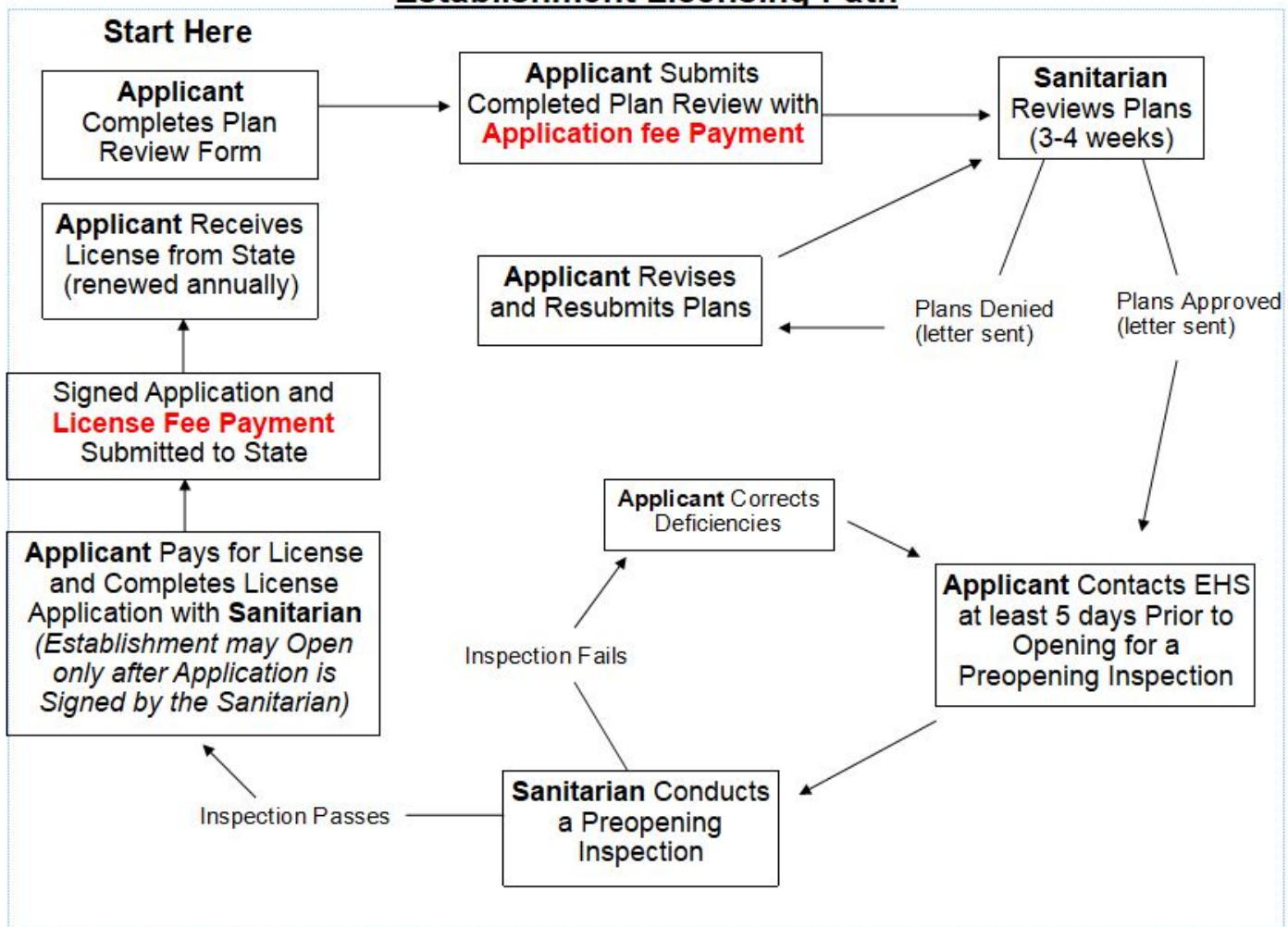


Fee Schedule

Base Fee Descriptions	Fee Amt.	Qty. (#)	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.

Establishment Licensing Path



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Figure 1.



C) Wastewater Disposal

office use only	Check One:		
	<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)

office use only		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

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?	<input type="checkbox"/>	<input type="checkbox"/>

F) Physical Requirements

office use only		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

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?	<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
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): <input type="checkbox"/> No food or beverages <input type="checkbox"/> Prepackaged/non-perishable items (ground coffee, dry tea, seasonings...) <input type="checkbox"/> Continental or cold breakfast items (donuts, muffins, fruit, etc.) *requires submission of a food service plan review addendum <input type="checkbox"/> Hot breakfast items (bacon, sausage, eggs, pancakes, etc.) *requires submission of a food service plan review addendum	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

I) Ice

office use only	Yes	No
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. <input type="checkbox"/> By a freezer's automatic dispenser <input type="checkbox"/> Bought by a commercial supplier <input type="checkbox"/> Manually by ice trays <input type="checkbox"/> No ice or ice trays will be provided		
Will ice be made, stored, handled, served and/or transported in a manner that prevents contamination? This includes sanitizing ice trays/bins and scoops.	<input type="checkbox"/>	<input type="checkbox"/>

J) Housekeeping & Maintenance

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



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, if legible .
<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: _____

