PLAN REVIEW APPLICATION COVER LETTER LODGING ESTABLISHMENTS

**Review for Compliance with NC Rules Governing the Sanitation of Lodging Establishments (15A NCAC 18A .1800)**

Plans which are submitted for lodging establishments (hotels/motels, Bed and Breakfast home, and Bed and Breakfast Inns) require plan review to assure compliance with the North Carolina *Rules Governing the Sanitation of Lodging Establishments* (15A NCAC 18A .1800), which is necessary to obtain an operations permit once construction is completed.

Plans shall be submitted with the following supporting documentation for review and approval by the Clay County Health Department prior to construction:

\_\_\_\_\_ Plans drawn to scale showing specifications such as storage, laundry, continental breakfast areas**\***, trash can wash facilities, along with general plumbing, electrical, mechanical and lighting drawings.

\_\_\_\_\_ Plans should include a room finish schedule.

\_\_\_\_\_ Plans should include a site plan locating exterior equipment such as dumpsters or compactors, pool (s) and indicating the proposed connection to approved sewer and water connections.

\_\_\_\_\_ A completed Lodging Application shall be submitted with this paperwork.

\* Continental breakfast is limited to the serving of bakery items, whole fruit, beverages and packaged items in single service wrappers (see handout provided). Lodging Establishments that provide only continental breakfast do not require permitting as foodservice establishments and do not need to complete a separate Food Service Establishment Plan Review Application **unless** reheating of precooked foods. Establishments preparing potentially hazardous foods shall submit a separate application and plans drawn to scale of the food service facility prior to construction.

**APPLICATION FOR LODGING ESTABLISHMENT PLAN REVIEW**

(Includes Hotels, Motels, Bed and Breakfast Homes and Inns)

\* This application will be reviewed using 15A NCAC 18A .1800 “Rules Governing the Sanitation of Lodging Establishments”.

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Rooms: \_\_\_\_\_\_\_\_\_\_

\* Will there be a swimming pool installed? \_\_\_\_\_\_\_\_\_\_

\* Will a continental breakfast be offered? \_\_\_\_\_\_\_\_\_\_

Please list foods to be served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water Supply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wastewater type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of ice machines: \_\_\_\_\_\_\_\_\_\_ (Submit specification sheets for ice machine)

Type of sanitizer used in rooms/bathrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe sanitizing procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are test strips going to be made available to test sanitizer? \_\_\_\_\_\_\_\_\_\_

Location of Mop sink: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size and number of water heaters: \_\_\_\_\_\_\_\_\_\_ (Submit specifications for water heater)

Will water heater have a circulating pump? \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\* A separate plan review is required for pools and food establishments. Plan review and approval is required prior to the start of construction. Applications and information may be obtained at the Clay County Health Department, Environmental Health Section or by calling 828-389-8326.