



www.healthygallatin.org

Gallatin City-County Health Department

Environmental Health Services
215 West Mendenhall, Rm 108
Bozeman, MT 59715
PH 406.582.3120 FAX 406.582.3128

Public Accommodation Plan Review Application

The purpose of a plan review packet is to give Gallatin City-County Health Department (GCCHD) the opportunity to review the plans.

- Prior to construction or remodel - make sure that the proposed plans are in compliance with state and local regulations.
- For renovations, remodels or ownership changes with significant changes – the structure and equipment must meet current requirements as required in State and Local regulations.

All facilities must meet the minimum requirements of:

- MCA 50-51-201 License required, a person engaged in the business of conducting or operating an establishment shall annually procure a license issued by the department (MDPHHS).
- ARM 37.111.1 and ARM 37.111.3.
- Gallatin City-County Health Code Chapter 4 (effective November 21, 2009).

Contact GCCHD at (406) 582-3120 to discuss your plans.

The rules/regulations are available online at: www.healthygallatin.org

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Complete the attached application and submit with the appropriate fee. EHS reviews all applications on a “first come/first serve” basis and has thirty (30) calendar days from the date an application is received to complete the initial review. **Incomplete plans will delay the process.**

- A Plan Review fee includes one pre-operational facility inspection.
- If the establishment requires more than one pre-operational facility inspection to meet the minimum requirements and be approved to open, the additional inspection(s) is charged a fee (see Fee Schedule).

**HEALTH CODE
CHAPTER 4
ADOPTED BY BOARD OF HEALTH
FEE SCHEDULE
Effective: November 21, 2009**

Base Rate for Services ----- **\$60.00** per hour

Plan Review (Based on 3 hr review)

Motel/Hotel with food service facilities ----- **180.00** + Food service plan review fee
including continental breakfast based on establishment size (see Health
Code Chapter 2 fee schedule)

Plan Reviews (Based on 2 hr review)

Motel/Hotel with no food service, ----- **\$120.00** + base rate for each additional
Bed & Breakfast, Tourist Home, hour
Rooming/Boarding House

Body Art / Piercing Establishment ----- **\$120.00** + base rate for each additional
hour

Plan Review

Swimming Pools / Spas ----- **Adopted by reference from ARM
37.11.11**

Other Fees

Site Visit: (based on 2.0 hr./visit) ----- **\$120.00** + base rate for each additional
hour

Special or Miscellaneous Inspection: ----- **\$120.00** + base rate for each additional
(i.e. ownership or endorsement change, hour
special consultation, follow-up inspection)

Annual License Fee

Body Art ----- **\$135.00**
Body Piercing ----- **\$135.00**
Ear Lobe Piercing only ----- **\$ 75.00**

Public Accommodations ----- MCA 50-51-204
Swimming Pool and Spa Fees ----- MCA 50-53-203

Plan Review Checklist

This checklist is to assist you in preparing a complete plan review application. Additional information may be required upon request.

Zoning	<input type="checkbox"/> Property zoned correctly for project Contact Gallatin County Planning Dept 406.582.3130										
Building Permit	<input type="checkbox"/> Certificate of occupancy and/or building approval. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Town</th> <th style="padding: 5px;">Telephone #</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Bozeman</td> <td style="padding: 5px;">582-2375</td> </tr> <tr> <td style="padding: 5px;">Belgrade</td> <td style="padding: 5px;">388-4994</td> </tr> <tr> <td style="padding: 5px;">Three Forks</td> <td style="padding: 5px;">285-3431</td> </tr> <tr> <td style="padding: 5px;">West Yellowstone</td> <td style="padding: 5px;">646-7609</td> </tr> </tbody> </table> All other areas including Manhattan, Four Corners, Big Sky, Logan and all rural areas are inspected by the state. Contact the State of Montana, Building Codes Bureau, (406) 841-2053.	Town	Telephone #	Bozeman	582-2375	Belgrade	388-4994	Three Forks	285-3431	West Yellowstone	646-7609
Town	Telephone #										
Bozeman	582-2375										
Belgrade	388-4994										
Three Forks	285-3431										
West Yellowstone	646-7609										
Fire Inspection	<input type="checkbox"/> A fire inspection needs to be completed and any corrections made prior to licensure. Contact GCCHD if this cannot be accomplished. For Gallatin County contact: State Fire Marshal's Office Pat Clinch, Deputy State Fire Marshal Fire Prevention & Investigation Section, Division of Criminal Investigation P.O. Box 201415, Helena, MT 59620-1415 Phone: (406) 444-1919, E-mail: pclinch@mt.gov http://www.doj.mt.gov/enforcement/fireprevention/ **If your facility is for Temporary Lodging ONLY you can use the "Fire Safety Checklist" if the fire marshal will not inspect.										
Menu	<input type="checkbox"/> Provide a detailed menu of all the foods and drinks that will be served. <input type="checkbox"/> Provide a list of sources for all food purchases										

<p style="text-align: center;">Site Plan</p>	<p><input type="checkbox"/> Minimum size of 8½ X 11 and a minimum scale of ¼ inch = 1 foot (Digital PDF plans are encouraged to decrease printing costs)</p> <p>Show location of all:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Equipment (sinks, refrigeration, etc.) <input type="checkbox"/> Restrooms <input type="checkbox"/> Storage areas <input type="checkbox"/> Electrical services <input type="checkbox"/> Mechanical ventilation <input type="checkbox"/> Building in relation to: streets, sidewalks, parking, and garbage area <input type="checkbox"/> Entrances and exits <input type="checkbox"/> Loading and unloading docks <input type="checkbox"/> Dressing rooms, locker areas, employee rest areas, and/or coat rack as required <input type="checkbox"/> Storage rooms <input type="checkbox"/> Garbage rooms <input type="checkbox"/> Basements and/or cellars used for storage or food preparation <p>Plumbing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location of floor drains <input type="checkbox"/> Floor sinks <input type="checkbox"/> Water supply lines <input type="checkbox"/> Hot water generating equipment with capacity and recovery rate <input type="checkbox"/> A mop sink or curbed cleaning facility with capacity for hanging wet mops <input type="checkbox"/> Backflow prevention <input type="checkbox"/> Wastewater line connections
<p style="text-align: center;">Equipment List</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide make and model number of ALL equipment (including countertop appliances). <input type="checkbox"/> Include manufacturer specification sheets
<p style="text-align: center;">Water/Sewer Availability</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations. (Current bill, statement of account, septic permit, Public Water Supply number)
<p style="text-align: center;">Fee</p>	<ul style="list-style-type: none"> <input type="checkbox"/> See Fee Schedule (Applications will NOT be accepted without the appropriate fee)

Public Accommodation Plan Review Application

New
 Remodel
 Adding Rooms
 **Projected opening date _____

Name of Establishment		
Business Owner/Licensee* <small>(Corporation, LLC, or DBA if applicable)</small>		
Establishment Address	Unit	City
*Please note: if the owner or location listed above changes after license has been issued, re-application will be required.		
Number of rooms		
Contact Individual/ Management Company		
Owner Mailing Address		
City, State, Zip		
Phone	Fax	
Email		
Applicant		
Applicant Mailing Address		
City, State, Zip		
Phone	Fax	
Email		

Previous Establishment Name _____

Yes No
 I have submitted plans/applications to (or obtained permits from) the necessary or other appropriate authorities including **zoning, planning, building, plumbing, and fire departments**.

I (We) hereby certify under penalty of perjury that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Gallatin City-County Health Department (GCCHD) may nullify final approval.

Signature _____ Date _____
Owner/Representative

Approval of these plans and specifications by the Gallatin City-County Health Department 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-operational inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state regulations governing food service establishments.

Department use only
Amount received _____
Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/>
Check # _____
Receipt # _____
District _____

Select the type(s) of establishment to be operated at this location

- Bed and breakfast** means a private, owner- or manager-occupied residence that is used as a private residence but in which:
 - (a) breakfast is served and is included in the charge for a guest room; and
 - (b) the number of daily guests served does not exceed 18.

- Hotel or motel** includes:
 - (a) a building or structure kept, used, maintained as, advertised as, or held out to the public to be a hotel, motel, inn, motor court, tourist court, or public lodging house;
 - (b) a place where sleeping accommodations are furnished for a fee to transient guests, with or without meals.

- Roominghouse or boardinghouse** means buildings in which separate sleeping rooms are rented that provide sleeping accommodations for three or more persons on a weekly, semimonthly, monthly, or permanent basis, whether or not meals or central kitchens are provided but without separated cooking facilities or kitchens within each room, and whose occupants do not need professional nursing or personal-care services provided by the facility.

- Tourist home** means a private home or condominium that is not occupied by an owner or manager and that is rented, leased, or furnished in its entirety to transient guests on a daily or weekly basis.

General Operation

1. How many sleeping rooms are provided (maximum)? _____
2. How long is the guest register maintained? _____
3. What is the maximum number of guests that can be accommodated (people not rooms)? _____
4. Will this establishment be seasonal? Yes No
Opening date: _____ Closing date: _____

Housekeeping and Maintenance

1. Where will chemicals be stored? _____

2. Describe procedure for keeping toilet/urinal cleaning devices and bathtub/shower cleaning devices separate from each other and other cleaning supplies. _____

3. Will a wet mop be used? Yes No
 If so, where will the mop water be disposed? _____
4. How will mop heads be stored between uses and cleaned? _____

5. How often will house keeping services be provided? _____
6. How often will guests receive new towels and bedding? Please include schedule for both long and short term guest stays. _____

7. Will a washable mattress pad be supplied for each bed? Yes No
8. How will pests be controlled? Please describe. _____

9. How are housekeeping staff trained to recognize pests (including bed bugs)? _____

10. Please describe how staff would respond in case of a bed bug complaint or discovery. _____

11. Are housekeeping carts supplied with plastic gloves? Yes No
12. Is the housekeeping staff trained about blood borne pathogens? Yes No

Finish Schedule

Please describe how the following surfaces will be finished. (Tile, RFP, stainless, etc)

	Floor	Coving/Baseboard	Wall Surfaces	Ceiling
Main Kitchen				
In-Room Kitchen(s)				
Laundry				
Janitorial Room(s)				
Bathrooms				

Laundry

1. Is all laundry washed on-site? Yes No
 - a. If no, please provide a description of linens to be sent off-site and the contracted provider.

2. How will dirty laundry and clean laundry be kept separate in the laundry room? _____

3. Please provide the procedure for handling blood stained sheets. _____

4. How is dirty laundry conveyed to the laundry room? _____

5. Are all laundry and linens dried in a hot air dryer? Yes No
If no, please describe affected linens and process in detail. _____

6. Does the dryer reach 130°F? Yes No
(This can be tested by wrapping a thermometer with dried sheets at the end of the drying cycle.)
7. What is the duration of a dryer cycle (in minutes)? _____
8. Is a hand sink provided in the laundry room? Yes No
9. Is the hand sink provided with hot running water, soap, and paper towels? Yes No

Guest Rooms

1. Are all furnishings easily movable? Yes No
2. How will furniture that is difficult to move be properly cleaned and maintained? _____

3. Please describe anti-slip surfaces in guest bathing facilities. _____

4. How will anti-slip surfaces be maintained? _____

5. Are reusable dishes provided in guest rooms? Yes No
 If yes, how will they be cleaned between guests? _____

6. Will any guest rooms share a bathroom? Yes No
 If yes, how often will the bathroom(s) be cleaned? _____
7. At what temperature is the hot water maintained at in guest bathing facilities? _____

Swimming Pools and Spas

1. Will a pool or spa be provided for guests? Yes No
2. If yes, will the pool or spa be drained between guests? Yes No
3. If not drained between guests, has the Montana Department of Public Health and Human Services-Food and Consumer Safety Section approved the plans? Yes No
 **Please include a copy of the approval letter.

Garbage Disposal

1. How often is solid waste removed from the premises? _____
2. Who is the trash collection service provider? _____
3. Where is the garbage stored between pick-ups? _____

Food Service

1. Will ANY food be provided (other than vending machines)? Yes No
 If yes, please mark below which type of service will be provided.

Continental Breakfast

Per GCCHD Chapter 4: A continental breakfast means a meal restricted to beverages such as coffee, tea, fruit juice or Grade A pasteurized milk and milk products; whole fresh fruit; commercially processed fruits; baked goods such as pastries, rolls, breads, toaster waffles, and muffins which are non-potentially hazardous (TCS); cereals, cold and instant oatmeal; jams, jellies, syrups, and honey; butter and non-dairy products such as coffee whiteners and margarine; or commercially manufactured cheese and cream cheese. This meal service may only be provided to overnight registered guests.

Expanded Continental Breakfast **

This service would be anything offered on a standard continental breakfast with the addition of such items as biscuits and gravy, egg based waffle or pancake batter, eggs or egg products, omelets, sausage, bacon, etc. Generally, this service is only available to overnight registered guests but is not restricted.

Full Service **

Full service of breakfast, lunch, and/or dinner.

**Please note that choosing to provide either an expanded continental breakfast or full service will require full plan review and licensure as a retail food establishment.

**Please see: <http://healthygallatin.org/permits-licensing/food-service/> or call 406.582.3120 for more information.

2. Will ice be provided for guests? Yes No
If yes, please include the specification sheet for the ice machine and mark it clearly on the floor plan.

3. How/when will the ice machine be cleaned? _____

Water Supply

1. Type of water supply

Municipal (City): A utility bill or letter from the city office must be submitted as evidence of service.

Public: Provide PWSID Number _____
Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (MDEQ), serving 25 or more people 60 days out of the year. MDEQ may be reached at (406) 444-4400.

Private: Current water testing results for both bacteria (coliform) and nitrates are required to be submitted with this application. **Must comply with FCS Circular 1-2012.**

