



Establishment Minor Plan Review Checklist

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

Zoning

Property zoned correctly for proposed development or use - contact Gallatin County Planning Department 406.582.3130.

Building Permit

Certificate of occupancy and/or building approval.

| Town | Telephone # | |
|------------------|-------------|---|
| Bozeman | 582-2375 | All other areas including Manhattan, Four Corners, Big Sky, Logan and all rural areas are inspected by the state. |
| Belgrade | 388-4994 | |
| Three Forks | 285-3431 | Contact the State of Montana, Building Codes Bureau, (406) 841-2053. |
| West Yellowstone | 646-7609 | |

Fire Inspection

A fire inspection needs to be completed and any corrections made prior to licensure. Contact your local Fire Authority (Municipal Fire Department, Local Fire Station etc...) to schedule your fire inspection. If you are located outside of a municipality and your local fire station is not able to complete the Fire Inspection, contact GCCHD for further instruction.

Water/Sewer Availability

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).

Fee

See Fee Schedule .

(Applications will NOT be accepted without the appropriate fee)

DPHHS Approval

Pools/Spas & Wholesale foods must have written approval from Montana Department of Public Health & Human Services prior to submitting application to EHS. (Include copy of letter with application).

Minor Applications may be used for the following:

- Basic ownership change;
- A licensed caterer, mobile unit or wholesale/manufacture changing license location from one licensed kitchen to a different licensed kitchen;
- Addition of Wholesale Food license to an Establishment currently holding a Retail Food License or if both licenses are applied for at the same time (Retail = full review and Wholesale = minor review) ; and
- Addition of a piercing or tattoo license to a currently licensed body art Establishment or if both licenses are applied for at the same time (1st license = full review, 2nd license = minor review).

| Are there any changes to | | YES | NO | NA |
|--------------------------------------|--|-----|----|----|
| Facility Structure | Electrical | | | |
| | Equipment Configuration | | | |
| | Expansion | | | |
| | Plumbing | | | |
| | Remodel | | | |
| | Structural Configuration | | | |
| | Ventilation | | | |
| Operational Processes | Cooking Equipment | | | |
| | Establishment Capacity | | | |
| | Food Service | | | |
| | Food Storage | | | |
| | Guest Rooms | | | |
| | Housekeeping & Maintenance | | | |
| | Laundry | | | |
| | Will the expansion result in the establishments operations to exceed the current capacity of the establishment | | | |
| Routine Inspection Site-Visit | Date of the most recent GCCHD Establishment Inspection | | | |

If you answer “YES” to any of these questions, **STOP** here and complete a full plan review application.

****EXCEPTION:** If the change is *minor*, a plan review may not be required or a minor Application may be allowed. Contact GCCHD for guidance.

FEES

Health Code Chapter 2 (effective August 26, 2017)

MINOR REVIEW

| Description | Fee |
|--|--------------------------------------|
| Basic Ownership Change | \$84.00 + Pre-operational inspection |
| Licensed Caterer or Manufacturer Commissary Review | \$84.00 + Pre-operational inspection |
| Manufacturer/Retail Review (addition of 2 nd license to already licensed facility or if both new establishments reviewed at the same time) | \$84.00 + Pre-operational inspection |

Base Rate for Services..... \$84.00
 Pre-operational inspection (based on 1 ½ hours)..... \$126.00 + base rate for each additional hour

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 compliance with local and state regulations.

Signature

Date

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

Explain your project – Be specific

| Water Supply and Wastewater Disposal must comply with current Regulations | |
|---|---|
| <p>Water Supply</p> <p><input type="checkbox"/> Municipal (City) A utility bill or letter from the city office must be submitted as evidence of service.</p> <p><input type="checkbox"/> Public PWSID Number _____ serving 25 or more people 60 days out of the year.</p> <p><input type="checkbox"/> Private Current water testing results for both bacteria (coliform) and nitrates are required to be submitted with this application.</p> | <p>Wastewater Treatment System</p> <p><input type="checkbox"/> Municipal A utility bill or letter from the city office must be submitted as evidence of service.</p> <p><input type="checkbox"/> Public PWWTS Number _____ serving 25 or more people 60 days out of the year.</p> <p><input type="checkbox"/> Private Local Septic permit # _____</p> |