



## 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 may require 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 (1<sup>st</sup> license = full review, 2<sup>nd</sup> license = minor review).

Are there any changes to		YES	NO	NA
<b>Facility Structure</b>	Electrical			
	Equipment Configuration			
	Expansion			
	Plumbing			
	Remodel			
	Structural Configuration			
	Ventilation			
<b>Operational Processes</b>	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			
<b>Routine Inspection Site-Visit</b>	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 <sup>nd</sup> 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

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

**Explain your project – Be specific**

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