



**PUBLIC ACCOMMODATION
PLAN REVIEW APPLICATION**

Plan Review Application Fee _____

Date Received: _____

Receipt Number: _____

New Remodel New Owner Change of Use

Name of establishment: _____

Address of establishment: _____

Phone number of establishment (If available): _____

(Name of owner)

(Mailing address)

(E-mail)

_____ (Telephone) _____ (FAX)



(Applicant name and title)

(Mailing address)

(E-mail)

_____ (Telephone) _____ (FAX)

Projected date for start of project: _____ Completion of project: _____

Total square footage of facility: _____ Number of floors on which operations are conducted: _____

Number of Guest Rooms: _____ Maximum occupancy: _____

Is operation seasonal? Yes No

If yes, what months will you be operating? _____

Type of service: Hotel Bed & Breakfast Restaurant
(Check all that apply) Motel Boardinghouse Caterer
 Tourist Home Roominghouse Pool/spa

Note: Pool/spa, Restaurant, Catering will require additional review.

Type of Water Supply (ARM 37.111.110, 37.111.111)

Public Water Supply ¹		Public Water Supply ID#	
<input type="checkbox"/>	The establishment is already connected to an existing water supply		
<input type="checkbox"/>	The establishment will be connecting to an existing water supply ²		
<input type="checkbox"/>	A new public water supply will be developed and used ³		
Non-Public Water Supply ⁴			
<input type="checkbox"/>	Nonpublic Water Construction and use application attached.		
<input type="checkbox"/>	Coliform and nitrate tests results for the potable water supply are attached.		

¹Public Water supply means a water supply that has at least 15 service connections or that regularly serves at least 25 persons daily for any 60 or more days in a calendar year

² Connection plans may need to be reviewed and approved by DEQ.

³ Plans must be reviewed and approved by DEQ. Refer to ARM Title 17, Chapter 38, subchapters 1, 2, 3, and 5.

⁴ See FCS Circular I-2012 for construction and maintenance standards.

1. Is there a water treatment device (i.e. water filter, softener, etc)? YES NO

Please provide specification sheets for any water treatment device used.

If yes, how will the device be inspected and serviced? _____

Wastewater System: (ARM 37.111.116)

Public Wastewater System ¹		Public System ID# or city name:	
<input type="checkbox"/>	The establishment is already connected to an existing public wastewater system		
<input type="checkbox"/>	The establishment will be connecting to an existing public wastewater system ²		
<input type="checkbox"/>	A new public wastewater system will be developed and used ³		
Non-Public Wastewater System ⁴			
		Lewis & Clark County Permit #	
<input type="checkbox"/>	Nonpublic wastewater system will be used.		
<input type="checkbox"/>	Nonpublic wastewater system will be constructed.		

¹Public wastewater system means a sewage system that has a least 15 service connections or that regularly serves at 25 persons daily for any 60 or more days in a calendar year.

²Connection plans may need to be reviewed and approved by DEQ and Lewis & Clark public health.

³Plans must be reviewed and approved by DEQ.

⁴Lewis and Clark County wastewater regulations will apply.

Laundry: (ARM 37.111.121)

1. Will laundry be done:

a. On-site;

Is there a designated handsink in the laundry room equipped with hot and cold running water, and soap and paper towels in dispensers? YES NO

Is a heated dry cycle used for linens and towels provided to guests? YES NO

Must be hot air tumble dried to at least 130° F for 10 minutes.

b. Off-site under contract with: (name and location) _____

2. Please describe process to maintain separation between clean and dirty laundry with both on-site and off-site laundry service. _____

3. Is guest laundry provided? YES NO

Food/Vending Machines: (ARM 37.111.124)

1. Will breakfast or other meals be provided to your guests? YES NO

If yes, please include plan review application for food service which includes an equipment list with manufacturer name and model number, finish surface materials for floors, walls and ceilings, and a diagram showing the location of all the food service equipment, handwashing sink(s), food storage area(s), mop sink, restroom(s), dishwashing sinks and dishwashing machines. .

2. Will the food facility be available to the general public, conference attendees or other event participants who are not registered guests? YES NO

If yes, a food purveyor license will be required. Submit the food service plan review application with the required attachments.

3. Is a kitchen provided for guest use? YES NO

If yes, then describe the process of washing, rinsing and sanitizing utensils between guests. _____

4. Will there be ice available to registered guests? YES NO

If yes, choose all that apply:

- Ice is made from the establishment's water supply.
- Ice is made and stored in an automatic dispenser.
- Ice machine drain(s) are air-gapped to wastewater system.
- Ice provided in tourist home freezers is discarded between guests.

Please provide equipment specifications.

Provide a cleaning and maintenance schedule for all ice machines and dispensers.

5. Will there be glassware/ice buckets in the rooms? YES NO

If yes, provide written description of washing, rinsing and sanitizing of utensils. _____

Physical Requirements and Cleaning details (ARM 37.111.107)

1. **Finish Schedule:** Applicant must indicate what materials (quarry tile, stainless steel, 4" vinyl covered molding, etc.) will be used in the following areas. If the finish schedule is included in the plans, the information does not need to be repeated here.

	<i>Floor</i>	<i>Coving</i>	<i>Walls</i>	<i>Ceiling</i>
Guest Room Bathrooms				
Public Bathrooms				
Laundry Room				
Janitor Sink Area				
Storage areas				
Breakfast Bar				
Guest Kitchens				
Garbage & refuse storage				

2. Describe how antislip surfaces will be provided in bathing facilities (ARM 37.111.107 (6)): _____

3. Describe procedures to prevent and control bedbugs, mice and other pests (ARM 37.111.107 (8)): _____

Guest Room Cleaning & Maintenance (ARM 37.111.122)

1. Describe how cleaning devices for toilet/urinals and for bathtubs/showers will be kept separate from other cleaning supplies and not used for other purposes. _____

2. Describe cleaners and sanitizers to be used at this facility: _____

Pool/spa:

1. Will a pool or spa be provided for guest use? YES NO

If yes, a plan must be submitted for review and approval. Household spas will not be approved.

Garbage & refuse (outside): (ARM 37.111.117)

1. Will a dumpster be used? YES NO

If no, what will be provided for collecting and storage of solid waste to prevent a nuisance? (Must be rodent-proof, stable, covered) _____

2. Number of containers: _____ Size: _____

3. Frequency of pickup: (Must be removed at least weekly): _____

4. Contractor: _____

5. Licensed solid waste disposal facility: (name and location): _____

Please enclose the following:

1. Provide a floor plan of the proposed facility accurately drawn to a minimum scale of 1/4 inch = 1 foot.
2. Include on plans, auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage, laundry or housekeeping activities.
3. Provide a site plan showing location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system).
4. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
5. If food service is planned, provide the proposed menu and the food service application.
6. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable);
7. Show the location of all equipment, plumbing, electrical services, and mechanical ventilation. Each piece of equipment must be clearly labeled on the plan with its common name.

- Attachments: Non-Public Water and Wastewater System Review Application
 Menu
 Specification Sheets (refrigerators, ice machines, dish washers, etc)
 Spa & Pool plans
 Food facility plans

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I hereby certify that the information I have supplied is correct, and I fully understand that any deviation from the given information without prior permission from this health regulatory office may nullify final approval.

Signature(s): _____ Date: _____

_____ Date: _____

Owner(s) or responsible representative(s)



Approval of these plans and specifications by this regulatory authority *does not* indicate compliance with any other code, law or regulation that may be required by federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws regarding public accommodation establishments.

Other agencies may have requirements that you must meet. Contact the following agencies for review and approval for your project depending on your proposed facility location.

City Limits

City of Helena Community Development Building Division
316 N. Park Room 435
Helena, MT 59623
(406) 447-8437

City of Helena Fire Inspection
300 Neill Avenue
Helena, MT 59601
(406) 447-8472

City of East Helena
City Hall
7 E. Main
East Helena, MT 59635
(406) 227-5321

Lewis & Clark County

Building Codes Bureau
PO Box 200517
Helena, MT 59620-0517
(406) 841-2040

Department of Justice Fire Prevention & Investigation Section
2225 11th Ave.
Helena, MT 59601
(406) 444-2050

On-Site Wastewater

Subdivision Approval
Christal Ness – Permit Coordinator
316 N. Park Room 230
Helena, MT 59623
447-8392

Environmental Health Division
316 N. Park Room 230
Helena, MT 59623
447-8351

Water System

Public Water Supply:
MT Department of Environmental Quality
1520 E. Sixth Ave
PO Box 200901
Helena, MT 59620
444-4400

Non-public Water Supply- if you do not meet the definition of PWS, then you must meet minimum standards and complete the non-public water and wastewater application form.