



## **BED AND BREAKFAST PLAN REVIEW PACKET**

### **INSTRUCTIONS**

All Bed and Breakfasts are required to obtain a Permit to Operate as a B&B and may be required to obtain a Permit to Operate a Food Establishment as well. A Plan Review must be completed for all new establishments, those planning to remodel, or those with permits that have been expired for over 6 months. Please read the below instructions carefully.

New Construction or Remodeling: Plan reviews are **due at least 45-days before construction start date.**

New Establishment or Owner - in an existing structure: Plan reviews are **due at least 45-days prior to desired opening date.**

Prior Permitted Establishment with an expired permit: Plan reviews are **due at least 45-days prior to desired opening date.**

#### **PLEASE NOTE**

All Bed and Breakfasts must also complete an SG-49 application to obtain a Permit to Operate a B&B. Once you have turned in the plan review and payment - you will be emailed an invoice for the permit fees. Once you receive the invoice you will need to submit the payment along with the SG-49 application. This application and payment must be sent in together at least 30-days prior to desired opening date.

If your establishment has a pool, you will need to check the Recreational Water Facility box on the SG-49 application form - to obtain a Permit to Operate a Recreational Water Facility. The fee will be added to your invoice.

If your establishment is serving food, you may also be required to complete a Food Establishment Plan Review (SF-35) and an Application for a Permit to Operate a Food Establishment (SF-5). This requirement is based on the type of food being sold/served. Please contact us for determination on this requirement.

## **CHECK LIST**

Please use the check list below to ensure your Plan Review submission is complete. Incomplete packages or those without payment will be returned.

- Complete all pages of the Plan Review below
- Include a Floorplan drawing or Blueprint of public areas, offices, locations of ice machines, and layout of each type of room/suite.
- Include Payment – \$125.00 (payment form on page 10)

### **Plan Review Prices**

**Small Establishment:** (bed and breakfast)                      **\$125.00**

### **Additional Forms**

Additional forms mentioned on Page 1 can be found at the following link:

<http://www.wvdhhr.org/phs/forms/index.asp>

SG-49 – General Sanitation – Application for Permit to Operate

SF-35 – Food Sanitation – Plan Review Information Report for Food Service Establishments

SF-5 – Food Sanitation – Application for Permit to Operate a Food Service Establishment



## PLAN REVIEW FOR BED AND BREAKFAST

Name of Bed and Breakfast \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_

Owner Address \_\_\_\_\_

Telephone \_\_\_\_\_ Start Date of Construction \_\_\_\_\_

Number of Rooms \_\_\_\_\_ Number of Employees \_\_\_\_\_

### SERVICES PROVIDED

1. Please put an X beside the services your facility will be providing.

- \_\_\_\_\_ Swimming Pool
- \_\_\_\_\_ Hot Tub(s)
- \_\_\_\_\_ Room Service
- \_\_\_\_\_ Restaurant on the premises
- \_\_\_\_\_ Bar or Lounge
- \_\_\_\_\_ Refrigerators in the rooms
- \_\_\_\_\_ Microwaves in the rooms
- \_\_\_\_\_ Cots or Roll-a-way beds for extra guests

### ANIMALS

2. Will animals be allowed in your facility? \_\_\_\_\_ YES \_\_\_\_\_ NO

3. If the answer to question #2 is yes, what types of animals will be allowed?

\_\_\_\_\_

4. How will the animal excrement be disposed of? \_\_\_\_\_  
\_\_\_\_\_

## **SLEEPING AREAS**

5. Floors are constructed of what type of material? \_\_\_\_\_
6. Walls are constructed of what type of material? \_\_\_\_\_
7. Ceilings are constructed of what type of material? \_\_\_\_\_
8. Do single occupancy rooms contain a minimum of 70 square feet of floor space?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
9. Do multiple occupancy rooms contain a minimum of 50 square feet of floor space per occupant?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
10. Do sleeping rooms have a ceiling height of at least 7 feet measured from the floor?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
11. Will mattresses including cots, or roll-a-way beds be provided with mattress pads or mattress covers?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
12. How often will linens be changed and clean lined provided?  
Sheets \_\_\_\_\_ Towels & Wash cloths \_\_\_\_\_  
Blankets & Bedspreads \_\_\_\_\_
13. Will a storage area for excess clothing, luggage, or similar articles be provided in the rooms?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

## **COMMUNICABLE DISEASE**

14. Will a register containing a record of all occupants be maintained?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
15. Will the register be available to the health officer and preserved for a minimum of twelve (12) months? \_\_\_\_\_ YES \_\_\_\_\_ NO
16. Will the register contain the name and address of the occupants and dates of occupancy? \_\_\_\_\_  
YES \_\_\_\_\_ NO

## GARBAGE AND REFUSE

17. What type of garbage container(s) will be provided?  
 Dumpster with Lid      If so, how many? \_\_\_\_\_  
 Watertight, vermin proof trash cans with lids      If so, how many? \_\_\_\_\_
18. Will dumpsters or outside garbage containers be stored elevated, on metal racks, or on a smooth surface of non-absorbent material such as concrete or asphalt?       YES       NO
19. Will the garbage area be provided with a frost proof hose bibb and sanitary waste drain to the sewer?       YES       No
20. How often will trash be removed from the premises and who will provide this service?  
\_\_\_\_\_  
\_\_\_\_\_

## HEATING AND VENTILATION

21. Will the indoor space be ventilated by  natural or  mechanical means?
22. Will at least five (5) cubic feet of outdoor air per minute, per person, be provided?  
 YES       NO
23. Will the heating, ventilation, and air-conditioning systems be in compliance with the State Building Code?  
 YES       NO
24. Will intake and exhaust air ducts be located and maintained to prevent the entrance of dust, dirt, and other contaminating materials?  
 YES       NO
25. Will the mechanical ventilation system be designed so that the indoor temperature shall be no less than sixty-eight (68) degrees for heating and no more than seventy-eight (78) degrees for cooling?       YES       NO
26. Will the clothes dryer vent system be independent of all other systems and convey the products of the combustion and moisture to the outside?  
 YES       NO

## HOUSEKEEPING AND MAINTENANCE

27. Will a written plan be provided for a regular schedule of housekeeping tasks?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
28. How often will the rooms be cleaned and sanitized? \_\_\_\_\_  
\_\_\_\_\_

## LAUNDRY

29. Will laundry be done on the premises? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, will a separate area, room or rooms be provided for this particular purpose?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
30. Will soiled laundry be stored in non-absorbent, easily cleanable, covered containers, or covered laundry bags intended for laundry storage?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
31. Where and how will clean laundry be stored? \_\_\_\_\_  
\_\_\_\_\_
32. List the brand names and model numbers of washers and dryers to be used.  
Washer: Brand \_\_\_\_\_  
Model Number \_\_\_\_\_  
  
Dryer: Brand \_\_\_\_\_  
Model Number \_\_\_\_\_

## LIGHTING

33. Will at least twenty (20) foot candles of light be provided in critical cleaning areas including, but not limited to, food preparation areas, utensil washing areas, toilet and bathing facilities, and laundry areas?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
34. Will at least ten (10) foot candles of light be provided in normal cleaning areas including but not limited to, corridors, lobbies, janitor's closets, storage areas, and sleeping rooms?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
35. Will at least forty (40) foot candles of light be provided in reading and activity areas including, but not limited to, classrooms, day rooms, playrooms, and meeting rooms?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

36. Will light bulbs and fluorescent tubes be protected by effective shields or the use of shatterproof bulbs over food preparation areas, showers, gyms, pools, and any other area where safety is a concern?  
 YES  NO

## **PLUMBING**

37. Will exposed utility service lines and pipes be installed in a way that does not obstruct or prevent leaning of the floors, walls, and ceilings?  
 YES  NO
38. Will plumbing fixtures have a smooth impervious surface?  
 YES  NO
39. Will a service or utility sink be provided?  YES  NO
40. Will the plumbing be installed to meet the State Building Code?  
 YES  NO

## **SAFETY**

41. Does the design of the facility include sufficient lighting to minimize the hazards of falls, slipping, and tripping?  YES  NO
42. Will a first aid kit be provided?  YES  NO

## **SEWAGE**

43. Will sewage and liquid waste be disposed of by  public sewer or  individual sewage disposal system?

## **STORAGE**

44. Will poisons, chemicals, cleaning supplies, and other potentially hazardous items be properly labeled and stored in locked storage spaces not used for any other purpose?  
 YES  NO

## TOILET, HANDWASHING, AND BATHING FACILITIES

45. Floors are constructed of what type of material? \_\_\_\_\_
46. Walls are constructed of what type of material? \_\_\_\_\_
47. Ceilings are constructed of what type of material? \_\_\_\_\_
48. Are rooms containing toilet facilities vented to the outside air?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
49. Will self-closing or metering faucets provide a flow of water for a minimum of fifteen (15) seconds without the need to reactivate the faucet?  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A
50. Will toilet rooms used by women be provided with at least one covered waste receptacle?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

## VECTOR CONTROL

51. Will outside doors be self-closing? \_\_\_\_\_ YES \_\_\_\_\_ NO
52. Will outside windows have screens? \_\_\_\_\_ YES \_\_\_\_\_ NO
53. Will screening material be less than sixteen (16) mesh to the inch?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

## WATER SUPPLY

54. Will water be supplied from a \_\_\_\_\_ public supply or \_\_\_\_\_ private well?
55. Will hot and cold running water be supplied through a mixing valve or combination valve in areas where food is prepared or at all handwashing and bathing facilities?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
56. Will hot water be heated to a temperature not less than 110 degrees Fahrenheit?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
57. Are drinking fountains constructed of impervious material, have an angle-jet nozzle protected by a nonoxidizing mouth guard above the overflow rim of the bowl, and equipped with a pressure regulating valve? \_\_\_\_\_ YES \_\_\_\_\_ NO
58. Will \_\_\_\_\_ glass or \_\_\_\_\_ plastic drinking cups be provided in the rooms?



59. Will a \_\_\_\_\_ disposable or \_\_\_\_\_ easily cleaned and sanitized water pitcher be provided in the rooms?
60. What is the source of ice provided to the customer? \_\_\_\_\_  
\_\_\_\_\_
61. Will ice intended for self-service be dispensed from automatic self-service ice dispensing equipment? \_\_\_\_\_ YES \_\_\_\_\_ NO

## **FOOD SERVICE**

62. Will coffee makers be provided in the rooms? \_\_\_\_\_ YES \_\_\_\_\_ NO
63. How and where will glasses, water pitchers, and/or coffee machines be properly washed and sanitized? \_\_\_\_\_  
\_\_\_\_\_
64. Will food, other than from vending machines be offered to the guests?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
65. If the answer to #63 is yes, what food will be provided? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* Any food offered to patrons that is not prepackaged and non-potentially hazardous will require appropriate refrigeration and the facilities to properly clean and sanitize equipment and utensils.



## PAYMENT AUTHORIZATION FORM

### Paperwork and payment submission:

Applications and payments MUST be submitted together

### Payment Options:

**Check Payments:** Please make checks payable to Jefferson County Health Department and include a phone number on the top of the check. Mail to the address above or drop in the lock box outside our back door marked Environmental.

**Credit Card Payments:** Please complete the section below. You may submit your packet via email, mail, fax, or drop in our lock box outside our back door marked Environmental. If your email is rejected, simply take a photo of this payment form, and send it as an attachment. Please note: payment is due with the packet therefore, we cannot take credit card payments over the phone.

Email to: [Patti.J.Richardson@wv.gov](mailto:Patti.J.Richardson@wv.gov)

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### Credit Card Payment:

**Please note: We are unable to process American Express**

Card Holder Name: \_\_\_\_\_

Card Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_