



SHORT-TERM RENTALS (such as Air B&B) PLAN REVIEW PACKET

INSTRUCTIONS

Short-term rentals such as Air B&Bs are not required to obtain a permit if it is the primary residence of the owner and they do not also serve breakfast.

Short-term rentals such as Air B&Bs are required to obtain a Permit to Operate if the property is not the owner's primary residence. They may also be required to obtain a Permit to Operate a Food Establishment depending on the food served. 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 - in an existing structure: Plan reviews are **due at least 45 days prior to desired opening date.**

Prior Permitted Establishment with a permit that is expired over 6 months: Plan reviews are **due at least 45 days prior to desired opening date.**

PLEASE NOTE

All Short-Term Rentals must also complete an SG-49 application to obtain a Permit to Operate. 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.

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: (Short-Term Rental) **\$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 SHORT-TERM RENTAL

Name of Establishment _____

Establishment Address _____

Email Address _____

Owner Name _____ Telephone _____

Owner Address _____

Manager Name _____ Telephone _____

of Bedrooms _____ # of Beds _____ Max # of Occupants _____

SERVICES PROVIDED

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

- _____ Swimming Pool
- _____ Hot Tub(s)
- _____ Room Service
- _____ Serving Food (excluding prepackaged non TCS/PHF)
- _____ Refrigerators in the rooms
- _____ Microwaves in the rooms
- _____ Cots or Roll-a-way beds for extra guests
- _____ Private Septic
- _____ Public Septic
- _____ Private Well
- _____ Public Water

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 receptable?
_____ 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 #64 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

Credit Card Payment:

Please note: We are unable to process American Express

Card Holder Name: _____

Card Account # _____

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

Signature: _____