



BED AND BREAKFAST PLAN REVIEW PACKET

- 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.
- The application process begins with completing a Plan Review. Please read the below instructions carefully.

Plan Review Requirements

New Construction or Remodeling: Plan reviews are **due at least 45-days prior to 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 has been expired for more than 6 months: Plan reviews are **due at least 45-days prior to desired opening date.**

Please Note

If your establishment is serving food, you may also be required to complete a **Food Establishment Plan Review (SF-35)** and a **Food Establishment Permit Application (SF-5)**. This requirement is based on the type of food being sold/served. Regulations can be found on our website. Please contact us for determination, if you are unsure.

B&B Plan Review Fee

Small Establishment: (Bed & Breakfast): **\$125.00**

Plan Review Submission - Checklist

Please use the checklist below to ensure your Plan Review submission is complete.
Incomplete packages will be returned.

- Download the **Bed & Breakfast Plan Review Application** from our website under Lodging.
<https://www.jchdvw.org/environmental-health/>
- Complete** all pages of the Plan Review (pages 7 - 13)
- Include** a Floorplan drawing or blueprint of public areas, office, ice machines, and layout of each type of room/suite.
- Include** Plan Review Fee of \$125.00 (see page 15 for payment options).
- Submit** all forms to: Patti.J.Richardson@wv.gov or see page 15 for other submission options.

Application for a **Permit to Operate** (SG-49)

You will also need to complete an Application for a Permit to Operate.

Permit to Operate Fees

The Permit fees are separate from the Plan Review fees and are prorated, if needed, for the term remaining in the permit period. The fee for the full term is \$60.00. Once your completed packet has been received, you will receive an emailed invoice with all permit fees that are due. We cannot begin the permitting process until this invoice is paid in full.

Permit to Operate (SG-49) Submission -Checklist

Please use the checklist below to ensure your submission is complete.

- Download the **Lodging Establishment Permit Application** from our website under Lodging.
<https://www.jchdvw.org/environmental-health/>
- Include** your email address on the form.
- Submit** this form along with your B&B Plan Review Packet.
- Watch your email** for the permit fee(s) invoice. We cannot begin the permitting process until this invoice is paid in full. You may use the Pay Online option once you receive this invoice. (see page 15)

B&B's SERVING FOOD

Contact our office if you are unsure if you need a food permit. If you do, please follow the checklist below.

Food Plan Review (SF-35) Submission - Checklist

Please use the checklist below to ensure your Plan Review submission is complete.
Incomplete packages will be returned.

- Download the **Food Establishment Plan Review Application** from our website under Food Establishments
<https://www.jchdvw.org/environmental-health/>
- Complete** all pages of the Plan Review
- Include** a Menu.
- Include** a Floorplan drawing of kitchen layout.
- Include** All equipment specifications.
- Include** copies of CFPM(s) (see our website under Environmental Health/Food Handler's Card Requirements for information on obtaining a CFPM or Food Card).
- Food Plan Review Fee is **waived if** you paid for the B&B Plan Review.
- Submit** along with your B&B Plan Review Packet.

If serving food, you will also need to complete an

Application for a **Permit to Operate** a Food/Retail Establishment

Permit to Operate Fees

The Permit fees are separate from the Plan Review fees and are prorated, if needed, for the term remaining in the permit period. The fee for the full term is \$65.00. Once your completed packet has been received, you will receive an emailed invoice with all permit fees that are due. We cannot begin the permitting process until this invoice is paid in full.

Permit to Operate (SF-5) Submission -Checklist

Please use the checklist below to ensure your submission is complete.

- Download the **Food Establishment Permit Application** from our website under Food Establishments
<https://www.jchdvw.org/environmental-health/>
- Include** your email address on the form.
- Submit** this form along with your Plan Review Packet.
- Watch your email** for the permit fee(s) invoice. We cannot begin the permitting process until this invoice is paid in full. You may use the Pay Online option once you receive this invoice. (see page 5)

Additional Forms

Lodging Establishment Permit Application (SG-49)

Food Establishment Checklist for New/ Remodeled/ Change of Ownership

Food Establishment Plan Review (SF-35)

Food Establishment Permit Application (SF-5)

Website

Additional forms mentioned can be found at the following link:

<https://www.jchdvw.org/environmental-health/>



PLAN REVIEW FOR BED AND BREAKFAST

Name of Bed and Breakfast _____

Address _____

Owner _____

Owner Address _____

Telephone _____ Start Date of Construction/Opening _____

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?

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.

Owners Signature _____ **Date:** _____

Intentionally left blank.



Payment Options and Submission

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

Credit Card Payments: **There is a 3.99% fee on all credit card payments.**

Pay Via Form Below: Complete the credit card section below and email, fax, mail or drop in the lock box outside our back door marked Environmental, along with packet.

Pay Online: This option is only available for the permit fee piece, as you will need to input your invoice number. Plan Review fees are due at time of submission.

Visit our website <https://www.jchdvw.org/environmental-health/>

and click on [Pay for PERMITS Online](#)

PLEASE NOTE:

We are unable to accept credit card payments over the phone.

Credit Card Payment:

There is a 3.99% fee on all credit card payments.

Card Holder Name: _____

Account # _____

Expiration Date: _____ Security Code: _____ Amount: _____

Signature: _____