



SHORT-TERM RENTAL (such as Air BnB) PLAN REVIEW PACKET

- Short-term rentals such as Air BnB's are **not required** to obtain a permit if it is the primary residence of the owner where the space being rented is under that same roof, and they do not serve breakfast.
- If it is your primary residence and you serve breakfast, you will need to complete a Bed & Breakfast Plan Review Application which can be found at the link below.
<https://www.jchdvw.org/environmental-health/>
- Short-term rentals such as Air BnB's **are required** to obtain a **Permit to Operate** if the room/space rented is not the owner's primary residence or it is not under the same roof as the owner's primary residence. They may also be required to obtain a Permit to Operate a Food Establishment depending on the food served.
- 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: 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.**

Plan Review Fee

Small Establishment: (Hotel/Motel, Air B&B): **\$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 **Short-term Rental Plan Review Application** from our website under Lodging Establishments
<https://www.jchdvw.org/environmental-health/>
- Complete all pages of the Plan Review (pages 5-11)
- Include a Floorplan drawing or blueprint of public areas, office, ice machines, and layout of each type of room/suite.
- Check with our office if your establishment is serving food.
- Include **Plan Review Fee** of \$125.00 (see page 13 for payment options).
- Submit all forms to: Patti.J.Richardson@wv.gov

Application for a Permit to Operate

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 \$125.00. 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 Plan Review to: Patti.J.Richardson@wv.gov
- 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 13)

Please Note

If your Short-term Rental has a hot tub, please see recommendations for private hot tubs and spas which can be found on our website under Lodging.

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. Please contact our office for determination on this requirement.

Additional Forms Mentioned

Lodging Establishment Permit Application (SG-49)

Below forms are only needed if serving food

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 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 linen 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 #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.

Owners Signature _____ **Date:** _____

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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: _____