



## **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): **\$150.00**

### **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/environmentalhealth/>
- 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 \$150.00 (see page 15 for payment options).
- Submit** all forms to: [Patti.J.Richardson@wv.gov](mailto: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/environmentalhealth/>
- 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/environmentalhealth/>
- 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/environmentalhealth/>
- 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/environmentalhealth/>



## 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 to the address above or drop in the lock box outside our back door marked Environmental.

### **Credit Card Payments:** 3.99% Fee applies to all Credit Card Transactions

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

**Pay Online:** To use this option.

- You MUST submit your application(s) along with this payment form.
- Do not try to pay with the pay online button on our website as it will not work. You must receive a payment link to pay online.

**I AM REQUESTING A PAYMENT LINK (check here):** \_\_\_\_\_

Email all permit applications and payments to: [Patti.J.Richardson@wv.gov](mailto:Patti.J.Richardson@wv.gov)

### **PLEASE NOTE:**

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

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### **Credit Card Payment:**

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

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

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

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

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