



**MCHD ENVIRONMENTAL**

453 Van Voorhis Rd Morgantown, WV 26505 Phone: 304-598-5131 Fax: 304-598-5122



## **Hotel/Motel Plan Review Application**

Please follow the steps outlined below and contact our office at (304) 598-5131 if you have questions.

1. Complete the following plan review application. The plan review form must be completed in accordance with [Title 64 Legislative Rules Series 18 General Sanitation](#) which governs all lodging facilities.
2. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
3. Please allow 30 days for the review process of existing or remodeled facilities and 45 days for new construction. Every attempt will be made to complete the plan review in a timely manner on a first come, first serve basis. The fee for plan review is \$150. Submit the plan review, application forms, and plan review fee to the Monongalia County Health Department.

After you receive your approval letter, contact your Health Department Sanitarian for an opening inspection. Our staff hopes that this checklist will guide you through the Hotel/Motel plan review process. If you have questions, please contact the Environmental Health Business Office, Monday thru Friday, 8:30 am - 4:30 pm at (304)598-5131.

- If the Hotel/Motel has a restaurant, continental breakfast or retail area and/or vending machines that sell potentially hazardous foods, you will be required to also complete a Food Establishment Plan Review Packet. The application can be picked up at the Health Department or could be found on our website at: <http://www.monchd.org/food.html>

- If the Hotel/Motel has a swimming pool or a hot tub, you will be required to submit an application and plans to the WV Bureau for Public Health Engineering Division in Charleston, WV. They will issue the construction permit. Please contact their office at 1-800-922-1255 for the application and process or go to <http://www.wvdhhr.org/oehs/eed/i&cd/swimming-pools.asp> Once approved by the WVBPH, you will be required to submit application to the Health Department for the operational permit. The application can be picked up at the Health Department.

## Facility Information

Name of Hotel/Motel: \_\_\_\_\_

Address: \_\_\_\_\_

Phone if available: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

\_\_\_\_\_ Building \_\_\_\_\_ Fire \_\_\_\_\_ Planning \_\_\_\_\_ Zoning  
\_\_\_\_\_ State Health Department \_\_\_\_\_ Other (\_\_\_\_\_)

Number of Staff: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

Total Square Feet of Facility: \_\_\_\_\_ Number of Floors: \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Services Provided:

Swimming Pool(s)      Hot Tub(s)      Room Service      Continental Breakfast area

Restaurant on premises      Retail Store on premises      Bar or Lounge      Refrigerators in the rooms

Microwaves in the room      Coffee Makers in the rooms      Cots or Roll-a-ways

## **Animals**

1. Will animals be allowed in your facility?      YES      NO
2. If the answer to question #1 is yes, then what types of animals will be allowed?  
\_\_\_\_\_
3. How will the animal excrement be disposed of? \_\_\_\_\_  
\_\_\_\_\_

## **Sleeping Areas**

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

## **Communicable Disease**

13. Will a register containing a record of all occupants be maintained?  
            YES      NO

14. Will the register be available to the health officer and preserved for a minimum of twelve (12) months?

YES NO

15. Will the register contain the name and address of the occupants and dates of occupancy?

YES NO

### **Garbage and Refuse**

16. What type of garbage container(s) will be provided?

Dumpster w/ lids. If so, how many? \_\_\_\_\_

Water tight, vermin proof trash cans w/ lids. If so, how many? \_\_\_\_\_

17. Will dumpsters or outside trash containers be stored elevated or on metal racks or on a smooth surface of non-absorbent material such as concrete or asphalt?

\_\_\_\_\_

18. Will the garbage area be provided with hot and cold or tempered water and a sanitary waste drain to the sewer? YES NO

19. How often will trash be removed from the premises and who will provide the service?

\_\_\_\_\_

### **Heating and Ventilation**

20. Will the indoor space be ventilated by natural or mechanical?

21. Will at least 5 cubic feet of outdoor air per minute per person be provided?

YES NO

22. Will the heating, ventilation and air conditioning systems be in compliance with the State Building Code? YES NO

23. Will intake and exhaust air ducts be located and maintained to prevent the entrance of dust, dirt and other contaminating materials?

YES NO

24. Will the mechanical ventilation system be designed so that the indoor temperature shall be no less than 68 degrees for heating and no more than 78 degrees for cooling?

YES NO

25. 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, Maintenance and Laundry**

26. Will a written plan of a regular schedule of housekeeping tasks be provided?

YES NO

27. Will the laundry be done on premise? YES NO

28. If you answered yes to question 26, will the room or separate area be designed for that particular purpose? YES NO

29. How will the soiled laundry be stored? \_\_\_\_\_

30. How will clean laundry be stored? \_\_\_\_\_

31. Will the chemicals and materials used in laundry operations be labeled, stored and handled in a way to prevent injury to the user? YES NO

32. Describe how all laundry will be washed, rinsed and sanitized.

\_\_\_\_\_  
\_\_\_\_\_

33. How will laundry be dried? air dried mechanically dried

### **Lighting**

34. Will 20 foot candles of light be provided in all critical cleaning areas, including toilet and bathing facilities, food prep areas, and laundry areas?

YES NO

35. Will 10 foot candles of light be provided in normal cleaning areas, including corridors, lobbies, storage areas and lodging quarters? YES NO

36. Will light bulbs and fluorescent tubes be protected by effective shields or the use of shatterproof bulbs over food prep 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 cleaning or the floors, walls or 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 plumbing fixtures be installed and maintained to that back-siphonage, backflow, and cross connection potentials are eliminated?

YES NO

41. Will the plumbing be installed so as to meet State Plumbing Code?

YES NO

## Safety

42. Will all areas available to the public be designed, maintained and operated to minimize safety hazards and promote an accident-free environment?

YES NO

43. Will there be adequate protection against all electrical hazards?

YES NO

44. Will the design, installation and maintenance of the facility comply with all applicable State fire Marshal Rules? YES NO

45. Will a first aid kit be provided? YES NO

## Sewage

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

47. If you are or will be using an individual sewage disposal system, has it been approved by the local or state health department? YES NO

## Storage

48. 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

## Structure and Surroundings

49. Will all foundations, roofs and exterior walls and windows be designed and constructed to meet State Building Code?      YES      NO
50. Will the interior finishes of floors, walls, and ceilings be constructed of materials suited for the intended use of the area and the frequency of cleaning methods necessary to maintain the finishes in a sanitary condition?      YES      NO
51. Will all parts of the property used in connection with the operation of the facility be designed, adequately drained and maintained so as to not endanger public health or create a nuisance or safety hazard?      YES      NO

## Toilet, Handwashing, and Bathing Facilities

52. Floors are constructed of what kind of material? \_\_\_\_\_
53. Walls are constructed of what kind of material? \_\_\_\_\_
54. Ceilings are constructed of what kind of material? \_\_\_\_\_
55. Are rooms containing toilet facilities vented to the outside air?      YES      NO
56. Will public restrooms have self-closing entrance doors?      YES      NO

## Water Supply

57. Will water be supplied from a      public supply or      private well?
58. If you are or will be using a water well, has it been approved by the local or state health department?  
                 YES      NO
59. Will hot water be heated to a temperature not less than 110 degrees Fahrenheit?      YES      NO
60. Will      glass or      plastic drinking cups be provided in the rooms?
59. If cups made of glass and coffee makers are going to be used in the rooms, what is the cleaning and sanitizing process for theses glass wares? \_\_\_\_\_
60. What is the source of ice provided to the customers? \_\_\_\_\_
61. Will the ice intended for self-service be dispensed from automatic self-service ice dispensing equipment?  
                 YES      NO

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**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.**

Signature(s) \_\_\_\_\_  
owner(s) or responsible representative(s)

Date: \_\_\_\_\_

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**Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). An opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**





West Virginia Department of Health and Human Resources  
Monongalia County Health Department



APPLICATION FOR A PERMIT TO OPERATE

SG-49 Rev. 7/12

In accordance with applicable West Virginia Department of Health and Human Resources Legislative Rules, application is hereby made for a permit to operate a:

- |                                                           |                                                                            |                                                                                    |
|-----------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adult Day Care Center            | <input type="checkbox"/> Institution, School                               | <input type="checkbox"/> Park, Playground                                          |
| <input type="checkbox"/> Bed & Breakfast Inn              | <input type="checkbox"/> Labor Camp                                        | <input type="checkbox"/> Producer Dairy Farm                                       |
| <input type="checkbox"/> Body Piercing Studio             | <input type="checkbox"/> Mass Gathering, Fair, Festival                    | <input type="checkbox"/> Public Restroom                                           |
| <input type="checkbox"/> Campground<br>No. of sites _____ | <input type="checkbox"/> Manufactured Home Community<br>No. of sites _____ | <input type="checkbox"/> Recreational Water Facility<br>(Pool, Bathing Beach, Spa) |
| <input type="checkbox"/> Child Care Center                | <input type="checkbox"/> Motel / Hotel<br>No. of rooms _____               | <input type="checkbox"/> Residential Care Facility<br>(Shelter, Group Home)        |
| <input type="checkbox"/> Correctional Facility            | <input type="checkbox"/> Organized Camp                                    | <input type="checkbox"/> Tattoo Studio                                             |
| <input type="checkbox"/> Other _____                      |                                                                            |                                                                                    |

Facility Name \_\_\_\_\_

Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone/Cell  
Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Owner / Agent \_\_\_\_\_

I hereby certify that I have received a copy of the applicable rules and that I am familiar with the contents and requirements therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant  
( ) Owner ( ) Agent

**For Department Use Only**

Date application received: \_\_\_\_\_ Permit no. \_\_\_\_\_

Date plans received: \_\_\_\_\_ By: \_\_\_\_\_ Date issued: \_\_\_\_\_ By: \_\_\_\_\_

Date plans reviewed: \_\_\_\_\_ By: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date plans approved: \_\_\_\_\_ By: \_\_\_\_\_ Date denied: \_\_\_\_\_ By: \_\_\_\_\_

Date inspected: \_\_\_\_\_ By: \_\_\_\_\_ Comments: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_