



CHECKLIST FOR:

Lake County Public Sleeping Accommodation Plan Review Application

This checklist is to assure your plan review application is complete so it can be processed promptly. Please use the check boxes next to each item. You will be notified if any key elements are missing.

Before completing this application, contact the Lake Co. Planning Department for information regarding their separate approval process:

(406)-883-7235 planning@lakemt.gov

Please complete the entire application as best you can and submit the materials to the Lake County Environmental Health Department with the \$150 Plan Review fee. Our office will notify you when your plans have been reviewed (2-3 weeks after submittal). If you have any questions regarding the plan review process, please contact our office.

Please check that you have completed the following:

- Contact the Lake Co. Planning Department prior to submitting Plan Review Application
- Include \$150.00 check payable to the Lake County Environmental Health Department (L.C.E.H)
- Provide name & contact information for person requesting the plan review
- Provide property legal description
- Location map or directions to assist staff in finding the property
- Floorplans of the Property's Living Unit(s) - can be hand drawn, not to scale, with rooms labeled

Submit this checklist, application, and fee to:

Lake County Environmental Health
106 Fourth Avenue East
Polson, MT 59860

Phone: 406-883-7236
Fax: 406-883-7205
Email: envhealth@lakemt.gov



LAKE COUNTY ENVIRONMENTAL HEALTH
 106 FOURTH AVENUE EAST
 POLSON, MT 59860
 PH: 406-883-7236
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Office Use:

APPLICATION DATE: _____

RECEIPT NUMBER: _____

Public Sleeping Accommodation Plan Review Application Tourist Home / Vacation Rental / Bed and Breakfast

*References are applicable to either the Administrative Rules of Montana (ARM)
 Title 37, Chapter 111, subchapter 1 (rules for Public Sleeping Accommodations),
 or Title 37, Chapter 111, subchapter 3 (rules for Bed and Breakfast Establishments).*

See the Lake County Environmental Health Department webpage for regulations and other information:

<https://www.lakemt.gov/environmental/public.html>

1. Owner Information	
Owner's Name(s):	
Current Mailing Address:	
Phone Number:	Email:
Name & Number of Property Manager (if using):	

2. Property Information	
Physical Address:	
Subdivision Name/COS #:	Lot # _____ Block # _____ Parcel Size _____ acres
Legal Description:	Section: _____ Township: _____ N. Range: _____ W.
Geo Code: 15 - _____ - _____ - _____ - _____ - _____ - _____	
Number of Bedrooms:	Number of Living Units:

3. Water Supply System 37.111.110, 37.111.111, 37.111.326 ARM

<i>Office Use</i>		Indicate Your Source ✓
	Public/Community Water Supply System	
	Private Water Supply System (i.e. well, surface water) ★ Please provide water test results when they become available. Results must include those for Coliform Bacteria (sampled within the last 30 days) & Nitrates (sampled within the last 12 months). Testing must be from a certified lab. Lake Co. Environmental Health has water sampling bottles available for the two labs in our area: MT Environmental Lab located in Kalispell (406-755-2131), and Mission Mtn. Labs located in Ravalli (406-745-5227). You may also obtain sampling bottles directly from the labs. Please contact the labs for questions.	

4. Wastewater Treatment System 37.111.116, 37.111.327 ARM

<i>Office Use</i>		Indicate Your System ✓
	Public / Community / Municipal Wastewater Treatment System ★ If you are on a community/shared septic system, it is important to check with your HOA or other shared users for their approval of the vacation rental use.	
	Private Wastewater Treatment System (i.e. septic system) ★ A Lake Co. Alteration with No New Components Permit may be required. See Page 4 of this form for additional details. If you are unsure of your current septic system's permitting status, please contact this department and we can research it with you.	

5. Guest Registration Requirement 37.111.130, 37.111.310 ARM

<i>Office Use</i>		Yes	No
	A guest log must be maintained and kept for 1 year with the following information: Name, home address, and phone number for each guest Do you understand and intend to comply with this requirement?		

6. Amenities Provided 37.111.122(15-16), 37.111.124, 37.111.106(10), 37.111.312-322, 37.111.329, 37.111.339 ARM

<i>Office Use</i>		Yes	No
	Will foods or beverages be provided to guests? ★ If yes, please attach plans explaining what/how food items will be offered.		
	Is a pool or spa/hot tub provided for guest use? ★ If yes, the pool/spa must be emptied between guests. If the pool/spa will not be emptied between guests, a pool/spa plan review must be completed with the MT Dept. of Public Health & Human Services. Contact Erik Leigh at 406-444-5306 for details.		

7. Ice 37.111.118 ARM

<i>Office Use</i>	Ice must either be made from the establishment's approved water supply or purchased. What are your plans for ice?	Indicate Your Method ✓
	Via a freezer's automatic dispenser	
	Using ice trays	
	Bought from a commercial supplier	
	No ice will be provided	
	<i>Ice must be made, stored, handled, served and/or transported in a manner that prevents contamination. This includes sanitizing ice trays/bins and scoops.</i>	

8. Solid Waste Disposal		<i>37.111.117, 37.111.330 ARM</i>	
<i>Office Use</i>		Yes	No
	Is garbage collected, stored & disposed of in a way that does not create a sanitary nuisance?		
	How is garbage stored? _____ <i>All garbage must be stored in containers that are sufficiently covered, watertight, rodent-proof, and tip-resistant.</i>		
	How often is garbage removed from the premises? _____ <i>Solid waste must be removed from the premises at least weekly to a licensed solid waste disposal facility.</i>		
	How will garbage be taken to a licensed disposal facility? <i>*Please check one:</i> <input type="checkbox"/> Self-hauled <input type="checkbox"/> Picked up by garbage service <input type="checkbox"/> Garbage disposal is handled by the professional cleaning service		

9. Physical Facilities		<i>37.111.107, 37.111.122, 37.111.334 ARM</i>	
<i>Office Use</i>		Yes	No
	Are all furnishings, fixtures, floors, walls, and ceilings kept clean & in good repair?		
	Is sufficient storage space provided for extra bedding and furnishings?		
	Are all rooms provided with adequate lighting to support cleaning activities?		
	Do rooms that are subject to large amounts of moisture (such as bathrooms and laundry rooms) have smooth and non-absorbent floors & walls?		
	Are floor and wall-mounted furnishings easily moveable to allow for cleaning, or mounted in such a manner to allow for cleaning around and under such furnishings?		
	Is the establishment maintained to minimize the presence of insects, rodents, and other vermin? This may include screens on windows and/or doors.		

10. Laundry		<i>37.111.107, 37.111.121, 37.111.335 ARM</i>	
<i>Office Use</i>		Yes	No
	Does the operation have a laundry room with a mechanical washer & hot air dryer? If no, where will laundry be done? _____		
	Are all bedding, towels, & other laundered items mechanically washed and hot air dried?		
	Is there space for sorting, folding, and storing clean laundry to prevent contamination from dirty laundry?		
	How will clean laundry be kept separate from dirty laundry? _____ <i>Clean laundry must be kept protected from soiled laundry by using separate labeled containers.</i>		

11. Bathrooms		<i>37.111.107, 37.111.328 ARM</i>	
<i>Office Use</i>		Yes	No
	Is water for handwashing & bathing facilities provided at a temperature between 100°F and 120°F? <i>Water temperature will be checked at pre-opening inspection.</i>		
	Are bathing facilities provided with anti-slip surfaces or mats?		
	Is adequate ventilation provided to prevent excess moisture and odors in the bathrooms?		

12. Housekeeping and Maintenance

37.111.122, 37.111.124, 37.111.336 ARM

Office Use		Yes	No
	Are guest rooms cleaned and supplied with freshly laundered sheets, pillow covers, towels, and washcloths before each new guest?		
	Are clean sheets, pillow covers, towels, & washcloths provided to guests at least weekly?		
	Are all bedding, including quilts and comforters, machine washable or covered with a machine-washable linen (i.e. duvet)?		
	Are all mattresses covered with a machine washable pad?		
	Are mops, brooms, or other cleaning devices cleaned in an appropriate location such as a utility sink or outside?		
	Are mop heads air dried between uses? If not applicable: N/A _____		
	Are toilet cleaning devices kept separate from other cleaning supplies and not used for any other purpose?		
	Are cleaning compounds and pesticides stored, used, and disposed of in accordance with the manufacturer's instructions?		
	How will utensils/dishes for food or drink be sanitized? ★ Please check one: <input type="checkbox"/> By an NSF-approved dishwasher <input type="checkbox"/> By hand in a 2 or 3 compartment sink, using a bleach or quaternary ammonia chemical sanitizer <input type="checkbox"/> Will only use disposable food or drink items and/or utensils		

Following approval of these plans, a **pre-opening inspection** of the facilities will be necessary to determine compliance with the local and state laws governing public accommodations. The inspection can be scheduled for a day/time that is convenient to you or your representative. A Lake Co. sanitarian will contact you to schedule the inspection.

After the pre-opening inspection has been performed, you will **apply for the Public Accommodation License** with the MT Department of Public Health & Human Services, Food & Consumer Safety Section (DPHHS/FCSS). Your sanitarian will mail your license application along with the \$40.00 annual license fee (payable to DPHHS/FCSS) to the State office.

Additional documents that may be needed throughout the process:

- Water Test Results** *Water test results from a certified lab are required if not on a public water system*
- Septic Permit Application** *A Wastewater Treatment System Alteration with No New Components Permit is required from this department if the living unit is on a septic system (\$100.00). The application can be picked up at our office or found under the Wastewater Treatment section of our website: <https://www.lakemt.gov/environmental/wwtreatment.html>*
- If Bed and Breakfast:** a description of the menu, food source(s), food service plan, and kitchen equipment

Approval of these plans and obtaining a MT Public Accommodation License through Lake County Environmental Health does not indicate compliance with any other code, law, or regulation that may be required—Federal, state, or local. It does not relieve the applicant from satisfying other applicable plan review, licensing, and inspection requirements.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from Lake Co. Environmental Health may nullify this approval.

Owner Signature(s): _____

Date: _____

Sanitarian Sign-Off: _____

Date: _____