

Flathead City-County Health Department

1035 1st Ave. West Kalispell, MT 59901 (406)-751-8130 Email: ehealtheflathead.mt.gov www.flatheadhealth.org Community Health Services 406-751-8110 FAX 866-380-1740 Environmental Health Services 406-751-8130 FAX 406-751-8131 Flathead Family Planning 406-751-8150 FAX 855-931-9091 Population Health Services 406-751-8101 FAX 406-758-2497 WIC Services 406-751-8170 FAX 406-751-8171 Animal Shelter 406-752-1310 FAX 406-752-1546

Manager/Contact Information (if different)

Tourist Home (Vacation Rental) Plan Review Application



Facility Information

Establishment Name (required): (99 1st St., My Place, etc.) Physical Address of the Rental: (Street Address, City)

Owner Information

Received by:

Owner Name:
Contact Name:

Company/LLC:
Company/LLC:

Mail Address:
Mail Address:

Phone:
Phone:

E-mail:
E-mail:

FCCHD use only Date:

Amount Paid:
Payment Method:

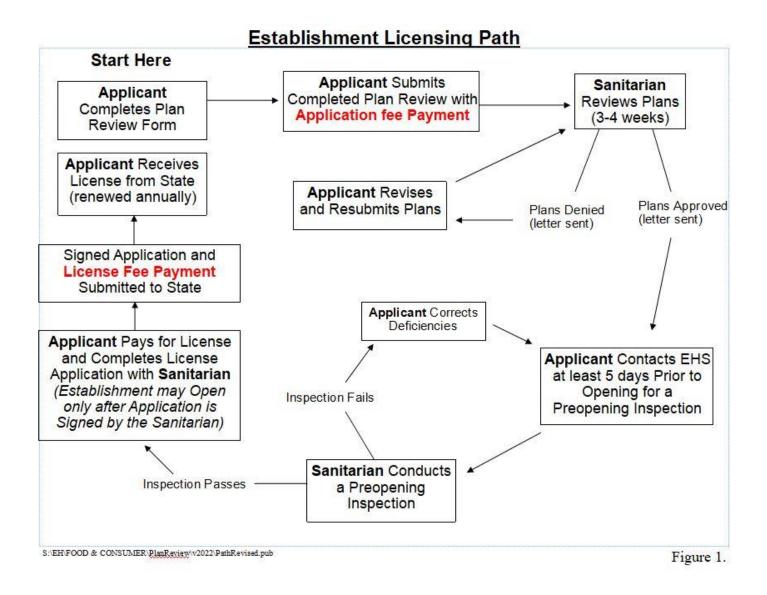
Payment Method:
Receipt #:

Public Health

Fee Schedule

Base Fee Descriptions	Fee Amt.	Qty. <i>(#)</i>	Total (across)
Base Plan Review Application Fee (for each separate rental unit)	\$280.00		
Non-municipal Services (Well / Septic) Review (per separate well/septic – one fee if multiple units share a well and septic)	\$100.00		
Total:			

NOTE: This is NOT a license fee. A \$40 license fee per rental unit is due to the MT Department of Public Health and Human Services, Food and Consumer Safety Section after the plan review is approved and an inspection is completed.





Guidelines for an Efficient Review Process

Your application will be reviewed in the order it is received by the inspector to whom the application is assigned. In order to make the review process as fast as possible, ensure the following:

- Complete the application entirely do not leave any question blank (check "NA" if not applicable)
- Ensure answers are legible (neat and large enough writing to read)
- Complete the application that reflects how the facility will look and operate at the time of opening.
- Submit the application as early as possible (allow 3-4 weeks before intended operation date)
- Be available if contacted by the reviewer during the review process and respond to contact quickly
- Contact other agencies (zoning, building, fire, etc.) they may require additional permits:
 - County State building / fire codes apply to facilities in County jurisdictional areas
 - Cities (Whitefish, Columbia Falls and Kalispell) have their own permitting processes.
 Check with the respective city in which you are located for permitting requirements.
- Read the frequently asked questions (FAQ) sheet on the Department web-site: <u>https://www.flatheadhealth.org/environmental-health/public-accommodations/</u>
- Include all required information & documents listed on the checklist at the end of this application

office use only	# Item (explain in detail)	Y	Ν	NA
	1 Which zoning jurisdiction does the vacation rental reside?			
	Flathead County Gity of Kalispell			
	□ City of Whitefish □ City of Columbia Falls			
	2 Have you contacted your zoning district to determine if a permit for a			
	short-term rental is required at the proposed address?			
	3 If required by zoning, have you applied for a permit?			
	Zoning Signature: Date:			
	*The zoning office may be contacted by this office for confirmation.	_		
	4 If the property is less than 20 acres, is there a restriction on the			
	Certificate of Subdivision Approval for the property (i.e. one single family			
	dwelling)? Submit a research request for a copy of your COSA here:			
	https://www.flatheadhealth.org/land-research-request-form/			
	5 Have the appropriate building (plumbing, electrical, etc.) and fire			
	authorities been notified of the plans? See attached contact information.			
	6 Number of Bedrooms: Maximum Occupancy: _			

A) **Property Requirements:**

B) Water Supply:

office use only	
	Public (City or Public Water Supply Name/#):
	Private (please check one)
	Private Well
	Surface Water (lake, stream, ditch or drainage basin, or artificial reservoir)
	*Attach water test results (required). Testing must include Coliform and Nitrate.



C) Wastewater Disposal

office use only	Check One:
	Public (City or Public Sewer):
	Private (septic system) *Attach a copy of your septic permit (required).
	Look up and print a copy of your septic system permit here:
	https://maps.flathead.mt.gov/portal/apps/sites/#/applications or submit a research
	request here: https://www.flatheadhealth.org/land-research-request-form/

D) Solid Waste (Trash)

office use only		Yes	No
	Will solid waste be collected, stored and disposed of in a manner that does		
	not create a sanitary nuisance?		
	Will all solid waste be stored in containers that are sufficiently covered,		
	watertight, rodent-proof, and tip-resistant?		
	Will solid waste be removed from the premises at least weekly to a licensed		
	disposal facility?		

E) Guest Register

office use only		Yes	No
	A guest log must be maintained and kept for 1 year with the following		
	information: Name, home address, and phone number of each guest.		
	Do you understand and intend to comply with this requirement?		

F) Physical Requirements

office use only		Yes	No
	Will facility and furnishings/fixtures be maintained clean and in good repair?		
	Is sufficient storage space provided for extra bedding and furnishings?		
	Are all rooms provided with adequate light?		
	Are rooms that are subject to large amounts of moisture, such as bathrooms		
	and laundry rooms, have smooth and non-absorbent floors and walls?		
	Will floor and wall-mounted furnishings be easily moveable to allow for		
	cleaning or mounted in such a manner to allow for cleaning around and under		
	such furnishings?		
	Will the facility be maintained to minimize the presence of insects, rodents,		
	and other vermin? This may include screens on windows and/or doors.		
	Do all plumbing drains have a trap such as a "P" trap designed to prevent		
	sewer gas entry into the establishment?		

G) Bathrooms

office use only		Yes	No
	Will hand washing sinks and bathing facilities be provided with water at a		
	temperature between 100°F and 120°F?		
	Will bathing facilities be provided with anti-slip surfaces or mats?		



office use only		Yes	No
	Select the option that best describes the food service offerings to guests (NOTE: food offered to anyone other than an overnight guest may require separate approval as a licensed food purveyor and separate licensure): No food or beverages Prepackaged/non-perishable items (ground coffee, dry tea, seasonings) Continental or cold breakfast items (donuts, muffins, fruit, etc.) *requires submission of a food service plan review addendum Hot breakfast items (bacon, sausage, eggs, pancakes, etc.) *requires submission of a food service plan review addendum 		
	Will a pool or spa be 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 Montana Department of Public Health and Human Services at 406-444-2837.		

l) lo	ce	
office use only	Yes No)
	Ice must be made from the on-site water supply or obtained from a licensed supplier. How will ice be made and served to guests? * Please check one.	
	 By a freezer's automatic dispenser Bought by a commercial supplier 	
	Manually by ice trays No ice or ice trays will be provided	
	Will ice be made, stored, handled, served and/or transported in a manner that prevents contamination? This includes sanitizing ice trays/bins and scoops.	

J) Housekeeping & Maintenance

office use only		Yes	No
	Will guest rooms be cleaned and supplied with freshly laundered sheets, pillow covers, towels, and washcloths before each new guest?		
	Will clean sheets, pillow covers, towels, and washcloths be provided to each guest at least weekly?		
	Will all bedding, including quilts and comforters, be machine washable or covered with a machine-washable linen (duvet)?		
	Will all mattresses be covered with a machine washable pad?		
	Will mops, brooms, or other cleaning devices be cleaned in an appropriate location such as, a utility sink or outside?		
	Will mop heads be air dried between uses?		
	Will toilet cleaning devices be kept separate from other cleaning supplies and not used for any other purpose?		
	Will cleaning compounds and pesticides be stored, used, and disposed of in accordance with the manufacturer's instructions?		
	Will ozone air purifiers be used in the establishment?		
	 How will utensils for food or drink be sanitized? * Please check one. Dishwasher has a sanitizing cycle. By hand in a 2 or 3 compartment sink, using a bleach or quat sanitize Will any use diagonable food or drink items and/or utensile 	er.	

□ Will only use disposable food or drink items and/or utensils.



K) L	aundry		
office use only		Yes	No
	Will the establishment have a laundry room with a mechanical washer and hot air dryer? If no, where will laundry be done?		
	Will all bedding, towels, and other laundered items be mechanically washed and hot air dried?		
	Will a hand washing sink, such as a bathroom, be conveniently located near the laundry room?		
	Is there sufficient space for sorting, folding, and storing clean laundry to prevent contamination from soiled laundry?		
	Will separately, labeled laundry baskets be used for transporting clean laundry and soiled laundry to prevent contamination?		

Required Documentation Checklist (NOTE: incomplete applications may not be reviewed)

Yes	NA	
		I have included a floor plan showing the location of rooms, sinks, tubs, showers, toilets and
		laundry machines. *This can be a hand sketch, if legible.
		I have included the application fee for this application OR will submit the fee at a later date
		(I understand that the application will not be logged in or reviewed until the fee is received)
		I have signed the application below
		I have included a copy of my septic system permit (if not connected to municipal sewer)
		I have included a copy of my water test results (if not connected to municipal water)
		I have completed and included a food service addendum application (if providing food
		other than ground coffee, dry tea, seasonings, etc.)

Approval of these plans and specifications by this Health 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). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing sleeping accommodation establishments before a license may be issued or validated by the health officer.

STATEMENT: I hereby certify that the above information is correct; and, I fully understand that any deviation from the above without prior permission may nullify any approval given.

Signature:			Date:	
		For Office Use Only		
Sanitarian Sig	n-Off:			
Letter	Phone	Date of Approval		
Denial Dates:				



Providing quality public health services to ensure the conditions for a healthy community.