AppHealthCare

Appalachian District Health Department

Alleghany County
157 Health Services Rd
Sparta, NC 28675
336-372-5641(phone)
336-372-7793 (fax)

Ashe County
626 Ashe Central School Rd
P.O. Box 208 (mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County
126 Poplar Grove Connector
P.O Box 307 (mailing)
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

Lodging Establishment Plan Review

Type of Plan Review: New Construction ☐ Change of Ownership ☐

Remodel / Expansion ☐ (*please give a description of work*): _____

_____

……..…….

Establishment Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Email: _____

……..…….

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Email: _____

……..…….

Applicant Name (if different than owner): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Email: _____

……..…….

Water Supply: Public/Municipal ☐ Well ☐* If well, number of connections: _____
If well, year drilled: _____

Sewer: Public/Municipal ☐ Septic ☐ *

* **If lodging facility is on a septic system or a well, approval must be granted from Health Dept *prior* to submission of this Plan Review application.**

Have applications for septic system and well been submitted to Health Dept? Yes☐ No☐

Type of Facility:

HOTEL / MOTEL: # of Guestrooms _____

Food Service (breakfast, manager's reception, etc) Yes ☐* No ☐
*If yes, please submit proposed menu

Multi-use Eating/Drinking Utensils (coffee mugs, glasses, plates, bowls, silverware, etc) offered to guests?
Yes ☐ No ☐

Are ice machine(s) accessible to guests? Yes ☐* No ☐
*If yes, make and model number of ice machine:_____

.....

B & B: # of Bedrooms _____ # of Bathrooms _____

List all meals or food that will be prepared for guests (a menu must also be provided):
☐ Breakfast ☐ Lunch ☐ Dinner ☐ Picnic Baskets ☐ Wine & Cheese
☐ Other:_____

Where will food for B&B meals be purchased? _____
_____
_____

Will any meats, seafood, shellfish, or eggs be served or sold raw or undercooked? Yes ☐* No ☐
*If yes, please indicate which items: _____

How will avoidance of bare hand contact with ready to eat foods be achieved?
☐ Gloves ☐ Utensils with handles ☐Other:_____

Is a hand wash sink (separate from utensil sink) provided in kitchen? Yes☐ No☐

How will multi-use eating and drinking utensils be washed, rinsed and sanitized?
☐ Dishwasher with sanitizing cycle. Please provide make and model number:
_____

☐ In sink. Type of sanitizer: Chlorine ☐ Quat ammonia ☐ Other☐ _____

Will any meats, seafood, shellfish, or eggs be served or sold raw or undercooked? Yes ☐* No ☐
*If yes, please indicate which items: _____

How will avoidance of bare hand contact with ready to eat foods be achieved?
☐ Gloves ☐ Utensils with handles ☐Other:_____

Will personal pets or guest pets be allowed inside B&B? Yes☐* No☐
*If yes, how will pets be prevented from entering food prep, food storage or dining areas?
_____

ALL FACIILITES:

Will linens be washed on premises? Yes ☐ No ☐*
*If no, where will laundry be sent: _____

Is a designated hand sink provided in laundry room? Yes ☐ No ☐

Is a mop sink provided? Yes ☐ No ☐
If yes, location of mop sink: _____
If no, then please indicate the type of floor cleaning: _____

Will blankets or top covers be changed after every set of guests? Yes ☐ No ☐

Type of Hot Water: Electric ☐ Gas ☐ Boiler ☐
Make and Model Number: _____

Type of garbage container(s): Dumpster ☐* Compactor ☐ Cans ☐
*Provision for cleaning dumpster/compactor: On-site ☐ Off-site ☐ (provide a contract)

Are all trash cans, dumpsters or recycling containers stored on paved parking lot / driveway or other concrete or asphalt pad?
Yes ☐ No ☐

Are any pools, spas or hot tubs available to guests? Yes ☐ No ☐

THE FOLLOWING ITEMS MUST BE SUBMITTED TO HEALTH DEPT ALONG WITH THE COMPLETED APPLICATION:

1. **A SCALE DRAWING OF THE PROPOSED FACILITY (1/4 IN. = 1FT IS PREFERED). THE LOCATION OF EQUIPMENT AND ARRANGEMENT OF ROOMS MUST BE SHOWN ON THE PLANS.**
2. **AN EQUIPMENT LIST (IF APPLICABLE)**
3. **A PROPOSED MENU (IF APPLICABLE)**

***CONSTRUCTION OR RENOVATION MAY NOT BEGIN UNTIL PLANS HAVE BEEN APPROVED. I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT. I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM THE APPALACHIAN DISTRICT HEALTH DEPARTMENT MAY NULLIFY PLAN APPROVAL.**

Signature of Owner or Representative: _____ Date: _____

Requirements can be found at: https://ehs.ncpublichealth.com/rules.htm

Revised 5-2022