

Sanders County Environmental Health

BED AND BREAKFAST PLAN REVIEW APPLICATION

Prior to new construction, addition or remodeling of an existing structure, or change of use, plans must be submitted to the department or local health authority for review and approval. See page 6 of the Montana Department of Public Health and Human Services Rules for Bed and Breakfasts, Section 37.111.305 (A-D) for a list of the required information to be included in the plans.

Establishment is: new \_\_\_\_\_ remodel \_\_\_\_\_ conversion \_\_\_\_\_

Name of establishment: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name of owner \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone \_\_\_\_\_

Name, address and phone number of applicant if different from owner:

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

To be included in the plans:

Floor plan/drawing \_\_\_\_\_

Septic approval \_\_\_\_\_

Sanders County Environmental Health 406-827-6961

Evidence of fire authority approval \_\_\_\_\_

Dawn Drollinger, Assistant State Fire Marshal 406-257-2584

Evidence of building authority approval \_\_\_\_\_

Rob Morris, State Building Inspector 406-202-1324

Please answer the following questions regarding your establishment:

1. Do you have at least one storage room sufficient in size for storing extra bedding and furnishings? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have adequate and convenient janitorial facilities including a sink and storage area for equipment and chemicals? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are the floors and walls smooth and non-absorbent in the toilet and bathing rooms,

laundries, janitorial closets and similar rooms subject to large amounts of moisture?

Yes\_\_\_\_\_ No\_\_\_\_\_

4. Are the bathing surfaces provided with anti-slip surfaces? Yes\_\_\_\_\_ No \_\_\_\_\_

5. Is your water supply public or private? Public\_\_\_\_\_ Private\_\_\_\_\_

6. Are you aware that if your establishment is on a non-public water supply that you must submit routine water samples? Yes\_\_\_\_\_ No\_\_\_\_\_

7. Are you aware that if you add extra bedrooms to your B&B that you may have to expand your septic system (if you are not on public sewer)? Yes\_\_\_\_\_ No \_\_\_\_\_

**8. Does the hot water in your laundry room reach a minimum temperature of 130°F?**

Yes\_\_\_\_\_ No \_\_\_\_\_

9. Is the hot water for hand sinks and bathing facilities between 100°F and 120°F? Yes\_\_\_\_No \_\_\_\_

10. Do you have separate areas for sorting and storing soiled laundry and folding and storing clean laundry? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you have separate carts or laundry baskets for transporting clean and soiled laundry? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Does your laundry facility have a handwash sink or a soak sink that may be used as a handwash sink? Yes\_\_\_\_\_ No \_\_\_\_\_

13. Are you aware that using germicidal or fungicidal cleaners is required for cleaning bathtubs, showers, lavatories, urinals, toilet bowls, toilet seats and floors? Yes\_\_\_\_\_ No\_\_\_\_\_

14. What is the method you plan to use to wash, rinse and sanitize dishes, utensils, etc?

---

---

---

15. Do you plan to offer to your guests the use of swimming pools, hot tubs, mineral baths or public swimming of any kind? Yes\_\_\_\_\_ No\_\_\_\_\_ This is a separate state license.

16. Will you be requiring a guest register with the guest's name, home address and assigned unit? Yes\_\_\_\_\_ No \_\_\_\_\_

17. How do you plan to have solid waste (garbage) removed from your facility? \_\_\_\_\_  
How frequently? \_\_\_\_\_

18. Do you have smoke alarms for each bedroom or sleeping area and at least one fire extinguisher? Yes\_\_\_\_\_ No\_\_\_\_\_

19. Have you read and understood the Montana Department of Public Health and Human Services Rules for Bed and Breakfasts? Yes\_\_\_\_\_ No\_\_\_\_\_