



**LODGING ESTABLISHMENT
PLAN REVIEW APPLICATION**

**Brunswick County Health Services, Environmental Health Section
25 Courthouse Drive ▪ P. O. Box 9
Bolivia, NC 28422
(910)253-2150**

Email: env-health@brunswickcountync.gov

Type of construction: New _____ Remodel _____ Ownership Change _____

Projected start date of construction: _____ **Projected Completion:** _____

Name of Establishment: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Number of guest rooms: _____

.....

Owner: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

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Applicant: _____

Relation to owner (manager, architect, etc.): _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

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Submit the following items to the address above to begin the plan review process:

- _____ Floor plan drawn to scale (1/4" = 1' minimum)
rooms, storage areas, laundry areas, service sink, food service area(s).
- _____ Site plan including exterior buildings and equipment such as dumpsters and service sinks.
- _____ A completed Lodging Plan Review Application
- _____ Menu (if applicable)
- _____ Equipment specifications for all dishwashers (if applicable) and ice machines accessible by guests

Please note: Plans will not be accepted unless all required items listed above are submitted for review.

Type of Lodging Establishment

- Hotel/Motel
- Bed and Breakfast Home (up to eight rooms)
- Bed and Breakfast Inn (up to twelve rooms – accommodations for 9 – 23 guests)

Indicate the Zoning Jurisdiction of the proposed establishment:

- County Jurisdiction
- Town Jurisdiction (List Town Jurisdiction) _____

***All facility types complete Part A of application.
If applying for a Bed and Breakfast Home or Inn complete Parts A and B.**

PART A (ALL FACILITIES)

Food Service:

Which meals will be provided for guests? (Check all that apply and attach menu)

- Breakfast Lunch Dinner

Will meals be offered to anyone who is not a guest of the establishment? Yes No

What type of utensils will be used for food service? (Check all that apply)

Single-service (disposable): Plates Glassware Silverware

Multi-use (reusable): Plates Glassware Silverware

Will ice be offered to guests? Yes No If yes, describe how ice will be dispensed and protected. _____

Will live animals be permitted to stay and/or live on the premises? Yes No

If yes, describe how live animals will be prohibited from entering areas of food preparation, storage, display or dining. _____

(This excludes service animals accompanying persons with disabilities in areas that are not used for food preparation.)

Guest Rooms:

Are baths, hand sinks and toilets provided for each guest room? Yes No

If no, provide date of establishment construction _____

What type of cleaner and sanitizer will be used for sinks, vanities, toilets, and showers in guest rooms? _____

Will equipment for coffee and/or tea be provided in guest rooms? Yes No

If yes, describe cleaning procedure for this equipment. _____

Linen:

Where will linen be cleaned? On-site Off-site Describe location of clean and dirty linen storage: _____

Is a handwashing sink provided in the laundry area? Yes No

If no, describe or attach the hand hygiene policy which will be used in soiled linen areas. _____

Will bed covers (spreads) be cleaned between successive guests? Yes No

Poisonous or Toxic Materials:

Describe the location(s) designated for storage of poisonous and/or toxic materials (chemicals, sanitizers, etc.): _____

Describe the location(s) designated for storage of medications under the control of the permit holder: _____

Physical Facilities

Describe the location(s) designated for storage of building and ground maintenance tools and supplies: _____

Is a service sink provided for cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste? ___ Yes ___ No

Water Supply and Sewage Disposal:

Water supply: ___ Municipal ___ Well*

*Private water supply wells must comply with the construction requirements of 15A NCAC 18A .1700 and 15A NCAC .0100 2C.

Sewage Disposal: ___ Municipal ___ On-site Septic System*

*On-site wastewater systems must be specifically approved for the proposed use and permitted by the Department or other Regulatory Agency.

PART B (BED AND BREKFAST HOME/INN ONLY)

Does the owner/manager reside at the establishment? ___ Yes ___ No

Is a separate handwashing sink available in the food preparation area(s)? ___ Yes ___ No

Will undercooked or raw beef, eggs, fish, lamb, pork poultry or shellfish be offered or served?
___ Yes ___ No If yes, describe consumer advisory placement and wording. _____

Are any menu items heated/cooked, cooled and reheated for service at a later date or time?
___ Yes ___ No If yes, describe cooling/reheating procedure for each menu item.

Describe how and where kitchenware and food-contact surfaces of equipment (excluding cooking surfaces of equipment) used in the storage, preparation or serving of food or drink will be cleaned, sanitized, air dried and stored. _____

What type of sanitizer will be used for food service equipment and utensils?
___ Chlorine ___ Quaternary Ammonium ___ Hot Water

Lodging establishments will be evaluated for compliance with all applicable sections of the *Rules Governing the Sanitation of Lodging Establishments, 15A NCAC 18A .1800* and the *North Carolina Food Code Manual* prior to permitting. These documents are available online at:
www.ehs.ncpublichealth.com/rules.htm.

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I certify that the information in this application is correct and I understand that any deviation without prior approval from Brunswick County Health Services, Environmental Health Section, may nullify plan approval.

Name (print/sign): _____

Title: _____ Date: _____