

ANSON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
605 McLaurin Street
Wadesboro NC 28170
704-694-4682

LODGING PLAN REVIEW SUBMITTALS

North Carolina Rules Governing the Sanitation of Lodging Establishments 15A NCAC 18A.1800 require lodging establishments obtain a permit from the local health department.

15A NCAC 18A.1833 requires plans to be submitted for review and approval and an application submitted.

The following must be provided for plan review submittals:

- A completed Lodging Application (below)
- A set of building plans, drawn to scale.
- Plan review application fee of \$250 (FEES ARE NON-REFUNDABLE)
- The plans and specifications should include at least the following, but not limited to:
 - Site plan including: dumpster location, entrances and exits, loading and unloading areas.
 - If not obtaining a Food Service Establishment Permit, where a continental breakfast will be provided, a floor plan with the location of all food service equipment with each piece clearly labeled or an equipment legend
 - For B & B, a floor plan of the kitchen area with all food service equipment clearly labeled and or an equipment legend. Including ware washing and hand sinks.
 - Areas of ware washing for multiuse glassware, tableware, or other in-room kitchen amenities
 - Manufacturers' specifications sheets for the food service equipment, accessory ware, washing equipment, and the water heater(s)
 - Storage rooms, garbage rooms, public toilet rooms and areas to be used for storage
 - Hand sinks for employees handling food or soiled linens
 - Finish schedule for guest rooms, lobbies, convenience centers, business centers, fitness rooms, and the laundry, including floors, walls, ceilings and coved juncture bases
 - Specifications on the ice machine(s)
 - Electrical layout that demonstrates sufficient lighting for cleaning guest rooms, vanities, and ice machines
 - Cabinets/shelves for storing toxic chemicals in all locations
 - Chemical distribution and can cleaning facilities
 - A copy of the approval from the water/ wastewater authority
 - A copy of the solid waste contract if containers will not be cleaned onsite

Anson County Lodging Application

Type of Construction:

NEW with Food Service Permit ___ REMODEL with Food Service Permit ___

NEW with Continental or no Food Service ___ REMODEL with Continental or no Food Service___ Bed & Breakfast ___

Name of Establishment _____

Address: _____

City: _____ Zip Code: _____

Phone (if available): _____

Fax: _____

Email _____

.....
Owner or Owner's Representative: _____

Mailing Address _____

City & State: _____ Zip Code: _____

Telephone: _____

E-mail Address _____

.....
Submitter: Company: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax: _____

E-mail Address _____

Title {owner, manager, architect, etc.}: _____

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

Signature: _____

{Owner or Responsible Representative)

WATER SUPPLY · SEWAGE

1. Is water supply: Municipal ___ Well ___
2. Is sewer: Municipal ___ Septic ___
3. Will ice: be made on premises ___ or purchased ___
4. Describe water heating facilities:

GUEST ROOMS

Number of guest rooms ____ Number of bathing rooms ____

Will athletic/ leisure areas be provided? Yes ___ No ___

Will there be a pool? Yes ___ No ___

Will there be conveniently located restrooms for the pool? Yes ___ No ___ N/A ___

LAUNDRY

How many complete sets of linens will be provided? ____

On-site laundry Yes ___ No ___

Hand washing sink provided in Laundry Yes ___ No ___

Washing machine manufacturer and model: _____

Type of sanitization: _____

Describe the location of soiled and clean linen storage (including working supplies):

FOOD SERVICE

Will food be prepared or served? Y/N _____

If Yes Please describe:

- Types of food served

- Number of meals served _____
- Types of meals served _____

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

CLEANING OF MULTIUSE (CUPS, GLASSES, ICE BUCKETS) EQUIPMENT

Manual Ware washing or Sanitizing in Room Yes ___ No___

Describe how multiuse will be cleaned and sanitized

Manual Ware washing in Kitchen/ Utility Room Yes___ No___

Size of sink compartments (inches): Length: ___ Width:___ Depth:___

What type of sanitizer will be used?

Chlorine: ___ Quaternary Ammonium: ___ Hot Water: ___ Other (specify): ___

Mechanical Ware washing Yes___ No___

Ware washing machine manufacturer and model: _____

Type of sanitization: Hot water ___ Chemical ___

REFUSE AND RECYCLABLES

1. Will refuse be stored inside? Yes___ No ___ If yes, where

2. Provision for refuse disposal: Dumpster ___ Cans___

3. Provision for cleaning dumpster/compactor: On-site ___ Off-site ___

If off-site cleaning, provide name of cleaning contractor:_____

4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.):

SERVICE SINK

1. Location and size of service sink/can wash

2. Is a separate mop storage area provided? Yes ___ No ___ If yes, describe type and location:

HOUSEKEEPING CARTS

List all items to be stored on a housekeeping cart and plans for segregation of clean and soiled items:

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?

Self-closing door ___ Fly Fan ___ Screen Door ___

2. How is protection provided on windows?

Self-closing ___ Fly Fan ___ Screening ___

3. Will a licensed pest control operator be contracted?

Yes___ No___

4. Will there be a bed bug response plan?

Yes___ No___

POISONOUS OR TOXIC MATERIALS

Indicate all locations of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage (including working supplies):
