

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County
157 Health Services Rd
P.O. Box 309 (Mailing)
Sparta, NC 28675
336-372-8813 (phone)
336-372-7793 (fax)

Ashe County
316 Cherry Dr
P.O. Box 208 (mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County
126 Poplar Grove Connector
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

www.apphealth.com

Lodging Plan Review

Type of Plan Review: New Construction Remodel Change of Ownership

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

Carbon Monoxide Detectors: Does facility have any fossil fuel or wood burning heaters, appliances or fireplaces as specified in Session Law 2013-413? *Yes No

*If yes, type of carbon monoxide detectors: _____

If yes, facility must submit "Assessment of Carbon Monoxide Risk Reduction" on page 3.

Type of Facility:

LODGING FACILITY: # of Guestrooms _____

Food Service (continental breakfast, manager's reception, etc) Yes No
If yes, please submit proposed menus.

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

Pool and/or spa(s) available to guests: Yes No

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

Ice machines accessible to guests: Yes No
If yes, make and model number of ice machine: _____

.....

B & B HOME: # of Bedrooms _____ # of Bathrooms _____
Please submit proposed menu and list of kitchen equipment.

Is facility planning to serve guest only breakfast OR breakfast, lunch and dinner

.....

B & B INN: # of Bedrooms _____ # of Bathrooms _____
Please submit proposed menu and list of kitchen equipment.

Make and model number of commercial refrigerator: _____

Method of sanitizing multi-use utensils (See 15A NCAC 18A .3008 of the NC Rules Governing Sanitation of Bed and Breakfast Inns): _____

Is a hand wash lavatory separate from utensil sink provided in kitchen? Yes No

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

- A SCALE DRAWING OF THE PROPOSED FACILITY (1/4 IN. = 1FT IS PREFERRED). THE LOCATION OF EQUIPMENT AND ARRANGEMENT OF ROOMS MUST BE SHOWN ON THE PLANS.**
ALL FOSSIL FUEL BURNING APPLIANCES, HEATERS OR FIREPLACES MUST BE CLEARLY SHOWN ON PLANS
- MANUFACTURER'S SPEC SHEETS FOR CARBON MONOXIDE DETECTORS (IF REQUIRED) THAT DEMONSTRATE COMPLIANCE WITH ANSI/UL 2034 OR ANSI/UL 2075**
- AN EQUIPMENT LIST (IF APPLICABLE)**
- A PROPOSED MENU (IF APPLICABLE)**
- A PLAN REVIEW FEE OF \$250.00**

***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: <http://www.deh.enr.state.nc.us/rules.htm>

Revised 12-2013

ASSESSMENT OF CARBON MONOXIDE RISK REDUCTION IN LODGING ESTABLISHMENTS

Name of Establishment: _____ Operator: _____

Location Address: _____ Mailing Address: _____

City: _____, NC Zip: _____ City: _____ State: _____ Zip: _____

Appliance Type: Location: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Enclosed Area</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"></td> <td style="width: 10%;">No</td> <td style="width: 10%;"></td> </tr> <tr> <td>CO Detector</td> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Enclosed Area	Yes		No		CO Detector	Yes		No		Adjoining Rooms: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							CO Detectors Provided Meet ANSI/UL 2034 or 2075? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> </table>	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
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Session Law 2013-413 (House Bill 74) requires lodging establishments to install carbon monoxide detectors meeting ANSI/UL 2034 or ANSI/UL 2075 in every enclosed space having a fossil fuel burning heater, appliance, or fireplace and in any enclosed space, including a sleeping room, that shares a common wall, floor, or ceiling with an enclosed space having a fossil fuel burning heater, appliance, or fireplace by October 1, 2013.