



Lynda Kinnane
Health Director

TOE RIVER HEALTH DISTRICT
Avery, Mitchell, & Yancey County
Health Departments

Charles Baker, MD & Frank Craig, MD
Medical Directors



Jim Buckner
Chair, Board of Health

Application for a Bed and Breakfast Inn/Home

Please return completed application to your local Health Department. Be sure to return your plan review application at least one week before your anticipated opening date to allow for proper review by an environmental health specialist.

Type of Construction: NEW REMODEL

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Phone (if available): ___ - ___ - ____ Fax: ___ - ___ - ____

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: ___ - ___ - ____ Fax: ___ - ___ - ____

E-mail Address: _____

Applicant: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: ___ - ___ - ____ Fax: ___ - ___ - ____

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

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

Signature: _____

(Owner or Responsible Representative)

Months of Operation:

Year-round operation

Seasonal: Jan Feb Mar Apr May Jun Jul Aug Sep Nov Dec

Number of rooms: ____ **Maximum number of guests per night:** ____

Number of bathrooms: ____

Will the inn be the permanent residence of the owner or the manager of the business?

Yes No

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

Projected opening date: _____

Which do you plan on using?

Single-service (disposable): Plates Glassware Silverware

Multi-use (reusable): Plates Glassware Silverware

How do you intend to sanitize your Multi-use eating and drinking utensils?

NSF Approved Dishwasher Washed, rinsed, and sanitized in a 3cpt sink

Washed and rinsed in non-NSF approved dishwasher, sanitized in 3cpt sink

How do you intend to sanitize utensils? 50 ppm chlorine solution Hot water Other

Do you have sufficient space to air-dry all utensils and cookware? Yes No

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

1. Meat
2. Seafood
3. Poultry
4. Other (explain): _____

Where will you purchase the following Potentially Hazardous Foods?

Beef : _____

Pork: _____

Seafood: _____

Poultry: _____

Other (explain): _____

Are the suppliers of these foods USDA approved?

Yes No

Water Supply & Wastewater

Is water supply: Municipal Well

Is sewer: Municipal Septic

Will ice: be made on premises or purchased

Water heater make and model: _____

Water heater storage capacity: _____ gallons.

HANDWASHING/TOILET FACILITIES

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area? Yes No

LINEN STORAGE

Location of clean linen storage?

Location of dirty linen storage?

DRINKING WATER FACILITIES

Will water cups or glasses be provided in each room? Yes No

If yes, will they be single-use items? Yes No

Will ice bins or ice chests be provided in each room? Yes No

For administrative use only

Wasterwater system acceptable? Yes No

Checked by: _____ Date: _____

Comments: _____

Water supply acceptable? Yes No

Checked by: _____ Date: _____

Comments: _____

Permit issued? Yes No

Issued by: _____ Date: _____

Comments: _____

