#### **Tourist Home Licensing**

#### What is the point of a health license?

Our job, at Missoula City-County Health Department (MCCHD), is to evaluate conditions in your tourist home that could affect the health of the traveling public. We look at general housekeeping, pest control, laundry practices, chemical storage areas, bathroom and kitchen safety concerns, garbage storage, drinking water and wastewater disposal. Licensing helps you know how to comply with applicable regulations, and benefits both Montana's tourist industry, and your guests, by maintaining safe and healthy conditions.

#### **FAQs**

#### What is a Tourist Home (sometimes called a Vacation Rental)?

A tourist home is a private home or condominium that is not occupied by an owner or manager and that is rented, leased, or furnished in its entirety to transient guests, daily or weekly.

#### Is a Tourist Home allowed in my neighborhood?

That depends on several things. If your Tourist Home is within Missoula city limits, contact the city's Development Services (406-552-6630) at 435 Ryman St. If your Tourist Home is outside of city limits, contact Missoula County Community and Planning Services (406-258-4657). Ensure a Tourist Home is allowed at your location, before completing the health department plan review.

# Do I need a health department license to operate a Tourist Home? Yes! The state of Montana requires Tourist Homes to go through local health department plan review, and then get an annual operating license.

# How much does plan review cost?

Plan review for a Tourist Home in Missoula County ranges from \$200. Additional fees of \$50 may apply if water and/or wastewater review is necessary. This review is conducted by the Missoula City-County Health Department.

#### How much does a license cost?

The annual state license fee for a single Tourist Home is \$40 payable by check or money order to Montana Department of Public Health and Human Services (DPHHS). This check, for the first year of licensing, will be collected by MCCHD, once the plan review is approved, and a pre-operational inspection has been successfully completed.



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#### Where can I get more information and application forms

- The MCCHD plan review application can be found on Missoula County's website: <a href="http://www.missoulacounty.us/home/showdocument?id=4885">http://www.missoulacounty.us/home/showdocument?id=4885</a>, or at the MCCHD offices 301 W. Alder St. Missoula, 2<sup>nd</sup> floor. You may, also, contact us at <a href="mailto:environmental-environment
- The Administrative Rules of Montana, governing Tourist Homes, can be found at <a href="http://www.mtrules.org">http://www.mtrules.org</a> (ARMs 37.111.101-.135)
- The City of Missoula Tourist Home Ordinance and informational flyer, can be found at <a href="http://mt-missoula3.civicplus.com/DocumentCenter/View/37058">http://mt-missoula3.civicplus.com/DocumentCenter/View/37058</a> and <a href="http://www.ci.missoula.mt.us/2076/Tourist-Home">http://www.ci.missoula.mt.us/2076/Tourist-Home</a>

#### Where do I submit my plan review application?

Submit your completed plan review application, <u>and fees</u>, to the Environmental Health Department on the 2<sup>nd</sup> floor of 301 W. Alder Street, Missoula, MT 59802, or e-mail the application to <u>envhealth@missoulacounty.us</u> and we'll arrange payment options.

# My Tourist Home is served by municipal sewer. Do I need to have my wastewater reviewed?

A wastewater review is not required if you are on municipal sewer, but you may be required to show proof of your connection.

## Will I have to upgrade my septic?

We will evaluate whether your septic is adequately sized during the plan review process.

# How often are Tourist Homes inspected?

Inspections are required before licensing and upon complaint. We'll also do a routine inspection about once every 1-3 years.

## What is involved in a Tourist Home inspection?

There are a number of public health issues addressed, including but not limited to:

- Is the home clean?
- Is there any sign of pest infestation (bed bugs, rodents, etc.), past or present?
- Where, when, and how is the laundry washed, dried and stored?
- Where, when, and how are the dishes washed and sanitized?
- When and how are kitchens and bathrooms cleaned and sanitized?
- Is the water coming out of the tap at least 100 °F, but not over 120°F?
- Is the wastewater system (sewer or septic) functioning properly?
- Is the water supply clean and safe?
- Where, when, and how is trash disposed, stored, collected, and those areas kept clean?



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### Missoula City-County Health Department ENVIRONMENTAL HEALTH

301 West Alder Street | Missoula MT 59802-4123 www.missoulacounty.us/HealthDept

> Phone | 406.258.4755 Fax | 406.258.4781

#### TOURIST HOME PLAN REVIEW APPLICATION

Establia	hmant	Information		Service	Fee	
Establishment Information:			New/Remodel/COO Review	\$200		
New Change of Ownership			If home is on PWS and			
	INCW	Change of Ownership		Municipal Sewer System	***	
1	Remode	<u>_</u> 1		New/Remodel/COO Review	\$250	
	remou.			If home is on Private Well and/or Septic System		
Date of	Applica	ation:		Add the following fees, only if		
2000 01	рр			they apply.		
Name o	f Estab	lishment:		Resubmittal Fee (for very	\$100	
				incomplete or inactive reviews)		
				Total		
Establis	hment .	Address:				
Establis	hment	Mailing Address:				
Fetablie	hment	Phone:	Fmail			
Listabilis	imment	i none.				
0	<b>.</b> .					
Contact	Name:					
Contact	Mailing	g Address:				
Contact	Phone:	Email: _				
Below fo	or MCCI	HD Use: Intake Review				
T 1 1 1	NT / A	T	Intole (	Sanitarian:		
Included	N/A	Constant of Constant April of Error				
		Completed and Signed Application Form				
		Floor Plan:	Date:			
		Rooms Labeled	$\dashv$			
		Plumbing Layout/Fixtures Labeled	Sanitari	an Comments:		
		Major Appliances Labeled				
		Food Service (if applicable):				
		Menu				
		Equipment Specs				
		Food Application				
		Water/Wastewater Information				
		Site Plan				

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#### Guidelines for an Efficient Review Process

While most reviews are usually completed within a couple of weeks, they may take between 30-60 days depending on staff resources and the completeness of the application submitted. To make your review process as fast and easy as possible, ensure the following:

- Submit a completed application that is easy to read.
- Be prepared to pay for the application when it is submitted.
- If something asked in the application does not apply to your operation, don't leave it blank, write N/A.
- Plan ahead so that the project is not delayed.
- Check-in with other agencies (if applicable) during the review process.
- Do not start construction or remodeling prior to getting an approval letter.
- Submit an application that reflects how you intend to operate at the time of licensing.
- Submit the final copies of your floor plan as changes may result in delays or additional fees.
- Respond quickly to questions from the reviewer.

#### Items to Submit

- Application form, completed and signed.
- Site plan showing:
  - o Location and footprint of the building(s) and outdoor swimming or bathing/spa areas,
  - o Roads on/adjacent to the parcel, parking area, and driveways,
  - o Location of outdoor solid waste receptacle(s), and/or recycled material bins,

#### If applicable (see page 8), add the following:

- o Location of well and schematic of water supply coming into the building,
- o Location and schematic of septic system and/or sanitary sewer line from the building,
- o Location of surface water (river, creek, pond, etcetera),
- o Location of boundary lines.
- Floor plan of the Tourist Home, with all rooms labeled; including all sleeping rooms, bathrooms, storage areas (including clean bedding/linens/towels, and cleaning supplies), laundry/janitorial rooms, and kitchen. Show all sinks, beds/futons/sleeper sofas, and major appliances (laundry machines, hot-water heaters, refrigerators, etc.).
- Septic permit if applicable (see page 8).
- Well log or other information regarding the construction and source of a private water supply, if applicable (see page 8).

#### Other Licenses and Regulatory Agencies

- There are many codes that you may need to comply with including those from **building**, **fire**, **wastewater treatment plant**, **zoning**, **and the department of revenue**. While it is not the health department's responsibility to enforce their codes, there may be instances where you cannot be approved to operate until you comply with their regulations.
- A business registration is required if you operate in the City of Missoula.



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## Housekeeping and Maintenance:

(This is to verify how and when you will be keeping the home clean and in working condition, and where you will store all the necessary items to do so.)

1.	Where will chemicals, such as cleaners and sanitizers for laundry and dishes, for toilets, bathing, and general
	areas, garden supplies, and others necessary to the operation, be stored?
	(There must be separate cleaning equipment, meaning cloths/scrubbers/etc., for dishes, toilets, bathing area
	and general cleaning.)
	Is this space well ventilated?Where are chemicals discarded?
2.	Will you being using a wet mop? If so, where will you dispose of mop water and
	Wash mop heads?  If not, how will hard flooring surfaces be cleaned?
3.	Housekeeping and maintenance services are required weekly and between guests. How will you
	ensure that services are provided as needed?
4.	Guests must receive new towels and bedding at least weekly. How will guests get new items if
	staying longer than one week? (e.g. cupboard where new items can be dropped off;
	cleaning service during stay)
5.	Is a washable mattress pad provided for all beds?
6.	Are the comforters and quilts machine washable?
	What is your pest management plan? (e.g. prevent harborage, set sticky traps, contract with
	service provider).
	(Depending on the situation, MCCHD may require a professional pest service be contracted.)
8.	How are housekeeping staff trained to recognize pests including bed bugs?



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9. Surfaces are important for cleaning and maintenance. Please list the following finish materials:

Rooms/Areas	Floor Surface	Wall Surfaces	Ceiling
Kitchen			
Laundry			
Janitorial (if applicable)			
applicable)			
Toileting/Bathing			

<u>La</u>	undry: (This is to verify that dirty laundry is kept separate from clean, how and when laundry is cleaned,
ano	d where clean and dirty laundry are stored.)
1.	Is laundry washed onsite? If yes, answer 2-5 below; if no, see 6.
2.	How is dirty laundry conveyed to the laundry room? (If by hand, we strongly recommend that gloves be worn to prevent the spread of contamination. Hands must be washed before touching clean laundry.)
3.	How is separation maintained between dirty and clean laundry? (e.g. separate, labeled baskets for
	clean and dirty)
4.	Is laundry tumbled dry in a hot air dryer? If not, please explain.
	Can the machine reach 130F in the drying cycle (Note: This can easily be tested by wrapping dried sheets
	around a thermometer stem at the end of the drying cycle)?
5.	Will a hand sink be provided, in or near the laundry room, with water at 100-120F and soap and paper towels?
6.	If you are sending laundry out, what service provider will you be using?
<u>G</u> u	uest Rooms:
(Tl	nis is to verify additional state rule requirements are being met.)
1.	Are all furnishings easily movable, to facilitate cleaning?
2.	Will anything be difficult to move? If so, how will you make sure that it does not hinder
	the cleaning process?



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3.	Will anti-slip surfaces be provided in bathtubs and showers?	
4.	Will there be reusable dishes available in the kitchen?	
	If so, how will they get washed, rinsed, sanitized, and air-dried?	
	How will you ensure that all used items during guests' stay are cleaned and sanitized before	
	the next guests?	
5.	Is the intensity of lighting in the rooms, hallways, and stairways at least 10 ft./candles (108 Lux)?	(If you have
	difficulty determining this, contact this office for assistance.)	
6.	How will you maintain the hot water temperature between 100-120F in guest rooms?	
G€	eneral Operation:	
(T	his is to verify operational times, guest numbers, and to ensure there are traceable records of guest	s, in the event
of	a public health investigation.)	
1.	Will the guest register by maintained for at least a year, from each guests' stay?	
	Will the register contain, at least, the guests' names, dates of stay, contact information, and where	e they stayed?
	What is the maximum number of sleeping rooms?	
2.	What is maximum number of guests that can be accommodated?	
3.	Is this establishment a seasonal operation? If yes, explain below.	
	Opening date Closing date	
Sw	rimming Pools and Spas:	
(T	his is to verify that pool and spa health and safety is maintained under law.)	
1.	Will a pool or spa be provided for guests?	
2.	If so, will the pool or spa be drained between guests?	
	(Note that depending on how you plan to operate the pool or spa, you may be required to contact	ct the state for
	review and licensing.)	

# Garbage Disposal:



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(Tl	nis is to verify that garbage is stored, removed, and area cleaned often enough to prevent health and safety
iss	ues; including to prevent pest attraction and harborage.)
1.	How often is garbage removed from the premises?
2.	Who is the service provider?
3.	Where are garbage and recyclables stored between pick-ups?
4.	Does the storage area have a cleanable, non-absorbent surface like asphalt or concrete?
	If not, how will these areas be kept clean?
5.	Do you have pest proof cans or a pest proof enclosure?
Fo	od Service:
(Tl	nis is to verify if and how food may be offered, and if additional licensing is necessary.)
Wi	ll food service be provided (including ice for guests to put in drinks)?
If y	ves, please indicate the type of service below:
	Continental breakfast*: a meal served in the morning which consists only of non-potentially hazardous ods and milk. (i.e. coffee, tea, pastries, donuts, whole fruit with a peel, etc.)
	Expanded breakfast (hot breakfast, cut fruit)**
	Full service menu for breakfast, lunch, and/or dinner**
	Please contact our department for a continental breakfast food service application. Please contact our department for a full service review application.
Wa	ater and Wastewater Basic Information:
	e tourist home is/will be connected to:  Mountain Water Lolo Water Seeley Lake Water District Another large water supply. Explain: If you know the PWS (public water supply) number, please provide it here: A private well* A spring* Surface water*
	lease complete the Land Services Addendum, which starts on page 10.
	e tourist home is/will be connected to: Missoula public sewer Lolo public sewer Another large wastewater system. Explain: An individual, shared or multiple user wastewater treatment and disposal system.*



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\*Please complete the Land Services Addendum, which starts on page 10.

#### **Statement:**

I hereby certify that the information included in this application, including the attached plans and information are correct. I understand that any deviation from the submitted information may incur additional review fees and may delay approval. In addition, I understand that changes made after an approval letter is issued without prior permission of the health department may nullify the approval for this review.

By submitting this signed application, I acknowledge that the process may take 30 to 60 days and that applications are reviewed in the order that they are received. I further acknowledge that it is my responsibility to contact other regulatory agencies, and that an approval letter issued from the health department does not indicate compliance with any other code, law, or regulation that may be required whether federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). I understand that a pre-operational inspection to determine compliance with the regulations must be completed and a public accommodation license must be issued for operation.

Signature of Responsible Representative:	
Printed Name of Representative:	
Date:	

#### **REMINDER!** DID YOU INCLUDE WITH YOUR APPLICATION:

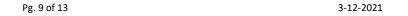
<u>Floor Plans</u> (These may be legibly hand-drawn): Attach floor plans (no larger than 11" by 17") for all structures to be served by the water and wastewater systems (even if they are not directly connected to the system.) Floor plans don't have to be to scale and can be hand drawn. Label the rooms and <u>show all bedspaces</u>.

<u>Site Plan</u>: (These may be legibly hand-drawn): Attach a site plan (no larger than 11" by 17") showing the locations (existing and proposed) of all features (exiting and proposed). Site plans can, but don't have to be prepared to scale by a professional engineer or architect. **No aerial photos**. If the site plan is not drawn to scale, include enough measurements to accurately depict where everything is on the property.

If your home is <u>not</u> connected to a well or septic, YOU'RE FINISHED! Congratulations, and STOP

HERE!









Continue only if your home is serviced by a well or septic.



# Missoula City-County Health Department ENVIRONMENTAL HEALTH

301 West Alder Street | Missoula MT 59802-4123 www.co.missoula.mt.us/envhealth/

> Phone | 406.258.4755 Fax | 406.258.4781

Application Fee:	
Date Paid:	

# LAND SERVICES ADDENDUM: WATER SOURCE AND WASTEWATER ASSESSMENT APPLICATION FOR TOURIST HOMES

Owner's name	Ph	one #
Owner's address		· · · · · · · · · · · · · · · · · · ·
City:		
Email:		
Facility Information		
Type of establishment		
Facility name	Phor	ne #
Primary contact person	Phone #	
Address Assigned by the County Road De	epartment (located at 199 West Pine	St, PH: 258- 4866):
Address:	City:	Zip



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Geocode: 04 <b>-</b>		Short Legal: T R Section 1/4 Section
Certificate of Surv	ey # or Subdivision Name:	
Tract or Lot	Block (if applical	ble): Size of lot or parcel:
****	********	<b>WATER SOURCE</b> ************************************
Water source N	ew (Proposed) Exist	ring
water source. IN	ew (Proposed) Exist	mg
Description of the	type of water source (well,	spring, lake, municipal, etc.):
Maximum numbe	r of people to be served per	day: # Employees # Customers/Guests
Peak instantaneoi	is demand:	
fixture type	Number of each fixture in the house	
toilet		
bathroom sink		
shower/tub		
kitchen sink		
dishwasher		
hose bib/hydrant		
Number and desc	ription of dwelling units and	d structures that will be connected to the water source:
Description of any	y existing or proposed water	treatment devices:
Will the w	rater source be:	
Will the w		et from septic systems Yes No Unsure dplain Yes No Unsure



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************	***** <b>WA</b> S	STEWATE	CR**********	******
Wastewater System Information:	New (Proposed	)	Existing	( Permit#

or each Tourist Home list:	Number of bedrooms	Number of bedspaces_
urface Water:		er to the drainfield:
		stewater systems on the parcel:

#### REMINDER! BE SURE YOU'VE INCLUDED WITH THIS APPLICATION:

Existing Well Permit: Attach any current well permits for the property.

<u>Well Log:</u> Attach if there is an existing well. If a well log is not available for an existing well, provide a Groundwater Information Center (GWIC) record created for the source.

Well Tests: Attach lab analysis for coliform bacteria within the last 30 days and nitrate ("mg/L NO3 -N" or similar) within the last 12 months, if the source already exists

<u>Water System:</u> Attach intended or existing depth and grout placement method for a well. Attach a drawn plan view (from above) of the building and water system layout from the water source to pressure tank and plumbing, showing all parts of the connected plumbing system, even those not directly serving the establishment. Include the materials used in the water system.

Wastewater System: Attach any current septic permits for the property.

<u>Floor Plans</u>: Attach floor plans (no larger than 11" by 17") for all structures to be served by the water and wastewater systems (even if they are not directly connected to the system.) Floor plans don't have to be to scale and can be hand drawn. Label the rooms and **show all bedspaces**.

**Site Plan**: Attach a site plan (no larger than 11" by 17") showing the locations (existing and proposed) of all features (exiting and proposed) listed below. Site plans can, but don't have to be prepared to scale by a professional engineer or architect. **No aerial photos**. If the site plan is not drawn to scale, include enough measurements to accurately depict where everything is on the property.

- \* Property Lines
- \* Wastewater Systems all parts
- \* Buildings
- \* Surface Water
- \* Roads & Driveways



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)

- \* Wells and Wastewater Systems within 100 feet of your property
- \* Wastewater Mixing Zones for this property and adjacent properties
- \* Floodplain & Floodprone Areas
- \* Water Supplies include water lines, tanks, plumbing system
- \* Easements and No Build Zones

<u>Certificate of Subdivision Approval:</u> Attach COSA with lot layout if parcel has one. If you don't know how to find this, contact us, as we can help you!

#### Nearby Uses and Activities on the Land:

- Attach a detailed description of land uses and activities within a 100- foot radius of the
  groundwater source or intake, including but not limited to roadways, driveways,
  parking areas, utilities, culverts, stormwater collection or conveyance features,
  buildings, shed or other structures
- General land uses and activities within a 500-foot radius of the groundwater source or intake, identifying sewered residential, sewered commercial, unsewered residential, unsewered commercial, irrigated agricultural, grassland or forest

Certification: I certify that the information I have provided on this a	pplication is accurate and true and that the submitted site plan is
an accurate representation of all required elements.	
Applicant's Signature:	Date:



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