



## 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: \_\_\_\_\_

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**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 Yadkin County Environmental Health *prior* to submission of this Plan Review application.**

Have applications for septic system and well been submitted to Env. Health? 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:* \_\_\_\_\_

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☐ 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 YADKIN COUNTY ENVIRONMENTAL HEALTH ALONG WITH THE COMPLETED APPLICATION:**

1. 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\*
2. MANUFACTURER'S SPEC SHEETS FOR CARBON MONOXIDE DETECTORS (IF REQUIRED) THAT DEMONSTRATE COMPLIANCE WITH ANSI/UL 2034 OR ANSI/UL 2075
3. AN EQUIPMENT LIST (IF APPLICABLE)
4. A PROPOSED MENU (IF APPLICABLE)
5. A PLAN REVIEW FEE OF \$200.00

**\*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 YADKIN COUNTY ENVIRONMENTAL HEALTH 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 8-2016

## ASSESSMENT OF CARBON MONOXIDE RISK REDUCTION IN LODGING ESTABLISHMENTS

Name of Establishment: \_\_\_\_\_ Operator: \_\_\_\_\_

Location Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, NC Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Appliance Type:</b>  <b>Location:</b>  <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		<b>Adjoining Rooms:</b>  <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>							<b>CO Detectors Provided Meet ANSI/UL 2034 or 2075?</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Yes</td> <td style="width: 10%;"></td> <td style="width: 10%;">No</td> <td style="width: 10%;"></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.