



## ALAMANCE COUNTY Health Department

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### **ENVIRONMENTAL HEALTH GUIDELINES FOR LODGING ESTABLISHMENTS (15A NCAC 18A .1800)**

**DEFINITION OF LODGING:** A lodging establishment means all hotels, motels, inns, tourist homes, and other places providing lodging accommodations for pay.

All lodging establishments must comply with Rules Governing the Sanitation of Lodging Establishments 15A NCAC 18a .1800.

#### ITEMS TO CONSIDER:

- \*Number of guest rooms with extended stay
- \*Number of guest rooms with kitchenette
- \*Lodging facility used for other activities
- \*Foods served at facility--Continental breakfast offered? Potentially Hazardous foods served?
- \*Swimming pool/spas will be a separate application and plan review process

A plan review is required for lodging establishments to assure compliance with the North Carolina "Rules Governing the Sanitation of Lodging Facilities 15A NCAC 18A .1800". The completed Lodging Establishment application and detailed floor plans must be submitted and approved before construction is authorized to begin.

Once construction is completed and approved, an operations permit will be issued by this office. Please submit the following:

\_\_\_\_ Completed Lodging Establishment application

\_\_\_\_ Facility Floor Plans including all guest rooms, all storage, laundry, kitchens, breakfast areas\*, custodial/housekeeping facilities, furnishings and room schedule along with general plumbing, electrical, mechanical and lighting schematics

\_\_\_\_ Site plan indicating exterior areas such as solid waste disposal, pools and parking lots.

**Note:** Swimming pool and spa plans must be submitted separately. A separate operations permit will be required for each pool or spa.

\*Continental breakfast is limited to serving non-potentially hazardous foods such as bakery items, whole fruit, beverages and packaged items in single service wrappers or bulk dispensers.

Establishments preparing potentially hazardous foods must submit a separate foodservice application for a commercial kitchen for approval before construction/renovation.



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**APPLICATION FOR LODGING ESTABLISHMENTS (15A NCAC .1800)**

Type of Construction: NEW  REMODEL  TRANSITIONAL

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

Address: \_\_\_\_\_

City / Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner of Owner's Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Title (owner, manager, architect, builder, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permittee Name: \_\_\_\_\_

**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)

**Date** \_\_\_\_\_



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**FACILITY INFORMATION TO BE COMPLETED BY APPLICANT**

**Note:** The code references contained in this application are found within the "Rules Governing the Sanitation of Lodging Facilities 15AC NCAC 18A .1800"

Type construction:      New construction                      Remodeling existing building

If existing, what year was the structure built? \_\_\_\_\_

Project specifics: Projected Start Date of Construction: \_\_\_\_\_ Completion: \_\_\_\_\_

**Guest Rooms:**

Total number of guest rooms: \_\_\_\_\_ Number of guest rooms with whirlpool baths: \_\_\_\_\_

Number of extended stay rooms with kitchenette: \_\_\_\_\_

**Amenities:**

What amenities will be offered at this lodging facility? (Check all that apply)

- Swimming Pool    Continental Breakfast
- Meeting/Reception    Extended stay rooms
- Other, Explain \_\_\_\_\_

**Method of sewage disposal:**

- Municipal    Septic system

**Type of water supply:**

- Municipal    Well

**Lavatories and Baths:**

Describe the methods for cleaning and sanitizing lavatories, tubs, and toilets:  
\_\_\_\_\_

Type of sanitizer used:   Quaternary Ammonia                      Chlorine                      Other

\*Hot water supplied to guest rooms must be a temperature of no less than 116F and no more than 128F

**Food Service:**

Foods offered onsite?   Yes      No

If yes, what types of foods and time offered:  
\_\_\_\_\_  
\_\_\_\_\_



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What type of kitchen is planned?      Commercial                      Domestic                      None

Multi-use utensils (glasses, cups, ice buckets, etc.) used at the facility?    Yes    No

Ice is:    Purchased                      If purchased, where: \_\_\_\_\_

Ice machine onsite                      If onsite, location: \_\_\_\_\_

In room glasses:                      Reusable                      Disposable

In room ice buckets:    Reusable with liner                      Reusable without liner

**Storage:**

Where will cleaning supplies and chemicals be stored?

\_\_\_\_\_

Where will building/grounds maintenance equipment be stored?

\_\_\_\_\_

**Handling of Linens:**

How will bed linens be cleaned?                      Onsite                      Offsite

If offsite, name of linen company \_\_\_\_\_

Where will the clean linens be stored?

\_\_\_\_\_

\*Clean linen must be handled separately from soiled linen.

**Solid Waste:**

Name of waste disposal company \_\_\_\_\_

Will there be any cleaning facilities provided at the dumpster pad?     Yes     No

**Vermin Control:**

How is fly protection provided in the guestrooms?     Screening     Windows not open

Name of pest control company \_\_\_\_\_