



## Tourist & Travelers' Accommodation Plan Review Application

New Construction

Remodel

Required fees must accompany this application.

**Make checks payable to and mail to:**

Marion County Environmental Health  
3160 Center St NE, Salem OR 97301

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

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

Facility Phone: \_\_\_\_\_

**Owner:** \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_

**Billing:** ( same as Owner)

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

Billing Email: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

**Contact Person & Title** (architect, manager, same as Owner):

\_\_\_\_\_

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

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Projected start date: \_\_\_\_\_ Projected date for completion: \_\_\_\_\_

### FOR OFFICE USE ONLY

Fee received: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved  $\Delta$

Not Approved  $\Delta$

Comments: \_\_\_\_\_

**Plans (OAR 333-029-0025):**

Have you submitted plans/applications to (or obtained permits from) the necessary and appropriate authorities including zoning, planning, building, plumbing and fire departments?    Yes                  No

Attach a copy of the approved plans with this Plan Review application.

**Water Supply (OAR 333-029-0075):**

Public water system (city) ID# \_\_\_\_\_ Private (local well)                  Other \_\_\_\_\_

**Sewage Disposal (OAR 333-029-0080):**

City/Public \_\_\_\_\_ Private (septic)                  Other \_\_\_\_\_

**Supplemental Services**

- |                                                                   |     |    |
|-------------------------------------------------------------------|-----|----|
| • Food service provided onsite? (OAR 333-029-0105)                | Yes | No |
| Commercially prepackaged food only                                |     |    |
| Hot or Continental breakfast, bar, restaurant, and/or mobile unit |     |    |
| Ice machine                                                       |     |    |
| • Pool and/or spa provided onsite? (OAR 333-029-0070)             | Yes | No |
| Pool                                                              |     |    |
| Spa (hot tub)                                                     |     |    |
| Spray Pool                                                        |     |    |

**Supplemental Services must comply with the Oregon Administrative Rules (OAR) for Food Sanitation (Chapter 333, Division 150), Public Swimming Pools and Wading Pools (Chapter 333, Division 60), and/or Public Spa Pools (Chapter 333, Division 62) as applicable.**

*Please submit separate plan review applications for food or pools.*

**General**

Number of lodging units (rooms): \_\_\_\_\_

Number of stories: \_\_\_\_\_

Total square feet of facility: \_\_\_\_\_

Total number of staff: \_\_\_\_\_

**Solid Waste (OAR 333-029-0060)**

1. Are approved waste receptacles provided in each lodging unit?    Yes                  No
2. How often will solid waste (*garbage, recyclables, etc*) be collected from your facility?

\_\_\_\_\_

3. Will solid waste be disposed according to DEQ rules?                  Yes                  No

**Bath and Toilet Room (OAR 333-029-0050):**

1. Will bathrooms and toilet rooms be provided in each lodging unit?                      Yes                      No
  2. Will communal (*shared*) bathrooms or toilet rooms be provided?                      Yes                      No  
    ▪ Number of shared toilet rooms \_\_\_\_\_      ▪ Number of shared bathing rooms \_\_\_\_\_
  3. Please describe all finishes used on the following bath/toilet room surfaces:  
    Floors \_\_\_\_\_  
    Walls \_\_\_\_\_  
    Floor-Wall Junction \_\_\_\_\_  
    Ceiling \_\_\_\_\_  
    Bathtub and shower floors \_\_\_\_\_  
    Shower doors \_\_\_\_\_
- 

**Laundry, Bedding and Linen (OAR 333-029-0090):**

1. Will self-service laundry be available to guest?                      Yes                      No
  2. Where will guest bedding and linen be laundered?  
    On-premise                      Third-party facility: \_\_\_\_\_
  3. Where will clean bedding and linen be stored?  
    \_\_\_\_\_  
    \_\_\_\_\_
  4. How will mattresses be protected?  
    Mattress pads                      Mattress covers                      Other: \_\_\_\_\_
  5. How will bedding and linen contaminated with bodily fluids (blood, vomit, etc) be handled?  
    \_\_\_\_\_  
    \_\_\_\_\_  
    \_\_\_\_\_  
    \_\_\_\_\_
- 

**Pest/Vector Control (OAR 333-029-0065):**

1. Are pets and other non-service animals allowed in the lodging units?                      Yes                      No
2. How will pest issues be addressed (including rodents, bedbugs, ticks, fleas, etc)?  
    \_\_\_\_\_  
    \_\_\_\_\_  
    \_\_\_\_\_

**Ventilation (OAR 333-029-0045):**

Describe the type of ventilation that will be provided in the areas below:

- Natural (*windows, skylight, etc*)      ▪ Mechanical (*HVAC, exhaust fan, etc*)

Sleeping Rooms \_\_\_\_\_

Bathing Rooms \_\_\_\_\_

Toilet Rooms \_\_\_\_\_

Laundry Rooms \_\_\_\_\_

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**Lodging Kitchens (OAR 333-029-0110):**

1. Will refrigerators be provided in the lodging units? Yes No

a. If yes, how will you verify refrigerators are maintaining proper temperatures?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will cooking/reheating equipment be available to guest? Yes No

- a. Microwave  
b. Stationary Stove/Oven  
c. Portable Stove or Electric Griddle

3. Will lodging units be supplied with reusable dishes and utensils? Yes No

a. If yes, how will these utensils be cleaned and/or sanitized after guest use?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are dish washing facilities provided within the facility? Yes No

- a. Commercial Dishwasher  
b. Three-compartment sink  
c. Residential dishwasher inside the lodging unit

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**Chemicals and Physical Hazards (OAR 333-029-0100):**

1. Where will cleaning supplies and other chemicals be stored?

\_\_\_\_\_  
\_\_\_\_\_

2. Will lighting be provided for stairways? Yes No N/A

3. Will handrails be provided on both sides of the stairways? Yes No N/A

**Travelers' Accommodation Rules (OAR 333-029-0000):**

1. Do you have a current copy of the Travelers' Accommodation Rules? Yes No

The rules are online at: <https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/RECREATION/POOLSLODGING/Documents/touristrules.pdf>

2. Do you know how to locate specific information in the rules? Yes No
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**Time Limitation of application:** The plan review application will expire 12 months after the date of submission. At that time, your payment will be forfeited and a new application and payment will be required that meet current code requirements.

**Statement:** I hereby certify the above information is correct and I fully understand that any deviation from the above without prior permission from the Local Public Health Authority may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

_____	Date_____
_____	Date_____
_____	Date_____

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required—federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment, with equipment in place and operational, will be necessary to determine if it complies with the Travelers' Accommodation Rules (Oregon Administrative Rules Chapter 333, Division 029)