CLAYTON COUNTY
HEALTH DISTRICT

# Clayton County Environmental Health
## TOURIST ACCOMMODATION APPLICATION

***The following items will need to be submitted to process your application:***

- **COMPLETED TOURIST ACCOMMODATION APPLICATION (INCLUDED)**
- **FLOOR PLAN**
  - SHOULD CONSIST OF PROPOSED LAYOUT AND ARRANGEMENT OF ROOMS IN THE ESTABLISHMENT AND WHAT EACH IS USED FOR.
- **EQUIPMENT LIST**
- **EQUIPMENT MANUFACTURER SPECIFICATION SHEETS**
- **GAS-FIRED EQUIPMENT FORM (INCLUDED)**
  - COMPLETED BY A CERTIFIED PROFESSIONAL.
- **RESIDENCY FORM (INCLUDED)**
  - NOTARIZED
- **FEE ASSESSMENT FORM (INCLUDED)AND FEE PAYMENTS**
- **COMPLETED TOURIST ACCOMMODATION PLAN REVIEW CHECKLIST(INCLUDED)**
- ***FOOD SERVICE ESTABLISHMENT PERMIT** REQUIRES A SEPARATE APPLICATION PACKET AND FEE(S).*
- ***POOL/SPA PERMIT** REQUIRES A SEPARATE APPLICATION PACKET AND FEE(S).*

**MAIL APPLICATIONS TO:**
CLAYTON COUNTY ENVIRONMENTAL HEALTH
1117 BATTLECREEK ROAD
JONESBORO, GA 30236

**EMAIL APPLICATIONS TO:**
ClaytonCountyEH@DPH.GA.GOV

**FOR FURTHER ASSISTANCE:**
678-610-7469
Office Hours: Monday - Friday 8am - 5pm
(*Closed for lunch 12pm - 1pm)*

CLAYTON COUNTY HEALTH DISTRICT

**Georgia Department of Public Health**
**Environmental Health Branch**

# APPLICATION FOR TOURIST ACCOMMODATION
## (Hotel/Motel, Campground/RV Park, Bed and Breakfast Inn)

Complete in duplicate and forward the original to the **Clayton County Environmental Health** in which the facility is located.

1. Name of Facility:_____

2. Type of Construction: (Check Appropriate Block(s): New ☐ Remodel ☐ Change of Ownership ☐
Set of Plans/Blueprints provided ☐

3. Type of Facility: (Check Appropriate Block(s): Hotel ☐ Motel ☐ Cabins ☐ (# of unit_____)
RV Park/Campground ☐ (# spaces_____) Bed and Breakfast Inn ☐ (# guestrooms_____)

4. Description of Utilities/Amenities: Check Appropriate Block(s)
(Please obtain required approvals from appropriate authorities)

- Water Supply: Public Water Utility ☐ EPD Permitted Well ☐ MOU Well ☐
- Sewage Disposal: Public Sewage/Utility ☐ On-site Sewage Management System ☐
- Food Operation: Continental Breakfast ☐ Foodservice Establishment ☐
  Bed and Breakfast Meal ☐ Menu enclosed ☐
- Type of Pool: Swimming Pool ☐ Spa ☐ Other ☐_____

5. Local Authority Approval/Plan Review Coordination: (if applicable)
Zoning ☐ Building Inspection ☐ Fire ☐ Other ☐_____

6. Facility/Ownership Information:

Address of Facility:_____Ga.
Street, Highway, or RFD City County Zip Code
Facility Phone Number:_____email address:_____

Facility Owner's Name:_____Phone #: _____

Facility Owner's Address: _____
Street, Highway, or RFD City County Zip Code State

Authorized Agent * Name_____Phone #:_____

Authorized Agent* Address:_____
Street, Highway, RFD City County Zip Code State

7. Construction Date:_____8. Date Operation to Begin: _____

The undersigned hereby applies for a permit to operate a Tourist Accommodation pursuant to the O.C.G.A. 31- 28-1, et seq. and hereby certifies that he has received a copy of the Rules for Tourist Accommodations, Chapter 290-5-18, Georgia Department of Public Health.

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Signed (**State whether Owner or Authorized Agent for the Owner**) Date

*("Authorized Agent" means the person to whom the Business Owner has delegated authority for the overall management of the Tourist Accommodation.)

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3142

dph.ga.gov

# GEORGIA DEPARTMENT OF PUBLIC HEALTH

Verification of Residency for License Application
O.C.G.A. Section 50-36-1(e)(2)

As part of my application for a license from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[check *one* of the following]

(1) _____ A citizen of the United States;

(2) _____ A legal permanent resident of the United States;

or

(3) _____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number _____.

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). That secure and verifiable document is my

_____

_____.

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

_____
Signature of Applicant

Subscribed and sworn before me
this ____ day of _____, 20__.

_____
Printed Name of Applicant

_____
Notary Public
My commission expires _____

[DPH Form GC09008C (Rev. 4.2022)]

CLAYTON COUNTY
HEALTH DISTRICT

# CLAYTON COUNTY ENVIRONMENTAL HEALTH
# GAS-FIRED EQUIPMENT FORM

**Please Print**

| Facility: | Address: |
|---|---|

1. TYPE GAS

   LP

   Natural

2. EQUIPMENT APPROVED

   CSA_____ UL_____ Other_____

3. VENTING

| | | |
|---|---|---|
| Secure | Y | N |
| Properly Sized | Y | N |
| Vented to Exterior | Y | N |
| Proper Terminations (bird proof) | Y | N |
| Proper Pitch | Y | N |
| Proper Support | Y | N |
| Proper Clearance | Y | N |
| Thimbles Used | Y | N |
| Vent Connectors Installed Prop. | Y | N |
| Draft Hood | Y | N |

4. COMBUSTION AND MAKE-UP AIR

   Sufficient Y N

   A. Flame Blue Yellow

   B. CO Tester Reading: _____

5. DETECTION OF LEAKS

   Odors Y N

6. LOCATION OF EQUIPMENT

   Under Window Y N

   Enclosed Area (Closet) Y N

   Clearance from Combustibles Sat. Unsat.

7. PROTECTION

   Manual Pilot _____ Auto Pilot _____

   100% Cutoff _____

Comments:

_____

_____

_____

_____

Serviced By:

Name: _____

Licensed Contractor#: _____

Company: _____

Phone Number:_____

Date:_____

CLAYTON COUNTY HEALTH DISTRICT

# Tourist Accommodation Fee Assessment

## Yearly Permit Fee / Plan Review Fee Schedule

Name of Establishment: _____

Establishment Address: _____

***CIRCLE THE INFORMTION THAT IS APPLICABLE TO YOUR ESTABLISHMENT'S OPERATIONS.***

| Category | Number of Rooms | Plan Review Fee |
|---|---|---|
| **1** | 1 - 20 | **$250** |
| **2** | 21 - 50 | **$350** |
| **3** | 50 - 100 | **$450** |
| **4** | 101+ | **$550** |
| **Category** | **Number of Rooms** | **Annual Permit Fee** |
| **1** | 1 - 20 | **$275** |
| **2** | 21 - 50 | **$375** |
| **3** | 50 - 100 | **$475** |
| **4** | 101+ | **$575** |

***IMPORTANT INFORMATION***

- **Annual permits will automatically expire on December 31st of each year. The scheduled fee for your Annual Permit will be due on or before January 1st of each year.** If payment is received after the due date, it is considered late, and your establishment will incur a late fee. If the fee is not paid by the established grace period, the facility can risk the suspension of the permit which would result in closure until all accrued fees are paid.
- Change(s) to your billing address must be reported to our department. It is the responsibility of the owner/authorized agent to inform our department of any changes to the billing address.
- Major and Minor Renovations in building structure must be reported to and approved by our department prior to construction. Additional plans must be submitted, reviewed, and approved. There is a fee associated with major and minor renovations.
- Changes in ownership invalidates the permit. Our office must be notified when there is a change of ownership and the appropriate applications and fee payments must be submitted, processed, and approved to continue operations under a new permit.

***S*IGNING BELOW VERIFIES THAT YOU UNDERSTAND THE INFORMATION DETAILED ABOVE.**

| | | | |
|---|---|---|---|
| **Owner/Authorized Agent (Print):** | | | |
| **Owner/Authorized Agent Signature:** | | **Date:** | |

CLAYTON COUNTY
HEALTH DISTRICT

Tourist Accommodations
Rules and Regulations, Chapter 511-6-2
Plan Review Checklist

## A. Facility Information

1. Facility Name: _____

2. Facility Address: _____

3. Type of Facility: ❒ Motel ❒ Hotel ❒ B&B ❒ Cabins ❒ Campground ❒ RV Park

4. Number of Units/Spaces:_____

5. Tourist Room Rental Rates: ❒ Daily ❒ Weekly

6. Facility Amenities: ❒ Pool ❒ Spa ❒ Continental Breakfast
❒ Foodservice Establishment ❒ Kitchenette in Room
❒ Facility Laundry ❒ Guest Laundry

7. Project Point of Contact: _____Phone #:_____

8. Date Submitted: _____Date Approved: _____Date Disapproved:_____

9. If disapproved, provided a letter detailing why the submission does not comply with the rules.

Date of Letter:_____

## B. Project Information

Check all that apply to this facility:

1. Water Supply: ❒ Public Water Utility ❒ EPD Permitted Well ❒ MOU Well

2. Sewage Disposal: ❒ Public Sewage Utility ❒ On-site Sewage System

3. Local Officials Review: ❒ Zoning ❒ Building Inspection ❒ Fire ❒ Other

Comments: _____
_____

## C. Area Assessments

1. Water Supply

| Yes | No | N/A | |
|---|---|---|---|
| ❒ | ❒ | ❒ | Water supply comply with Federal, State and local laws and/or ordinances. |
| | | | • Name of Public Water System (if applicable)_____ |
| ❒ | ❒ | ❒ | Cold running water under pressure provided to all equipment that uses water. |
| ❒ | ❒ | ❒ | Hot and cold running water under pressure provided to all lavatories, bathing facilities, laundry facilities and all water-using equipment where eating and drinking utensils are washed. |

❒ ❒ ❒ Plans specify hot water will not exceed 120°F in the tourist room lavatory, bathtub or shower.

❒ ❒ ❒ Water supply adequately protected to preclude the possibility of back siphonage.

❒ ❒ ❒ A "food grade" water hose is provided for filling trailer water tanks and used for no other purposes.

❒ ❒ ❒ Water glasses, multiuse utensils and/or unlined ice buckets are used or supplied in tourist rooms.

- List the sanitizing method and equipment

  _____

❒ ❒ ❒ A dedicated 3 compartment sink for warewashing must be provided in addition to any approved dishwashing appliance(s).

❒ ❒ ❒ Water glasses and multiuse utensils are protected from contamination.

❒ ❒ ❒ Single service articles commercially wrapped available in lieu of multi-use utensils in tourist rooms.

❒ ❒ ❒ All drinking fountains are constructed of impervious material.

❒ ❒ ❒ All ice, if provided, is made from an approved water supply.

❒ ❒ ❒ Ice machines automatically dispense, if provided.

2. Toilet Facilities

Yes No N/A

❒ ❒ ❒ Toilet, lavatory and bathing facilities are provided as required in the rules.

❒ ❒ ❒ Mechanical ventilation provided in all toilet rooms.

❒ ❒ ❒ Toilet room ductwork does not connect into the return ventilation ducts to any other room.

❒ ❒ ❒ Soap in public restrooms dispensed from an approved container in a manner that prevents contamination.

❒ ❒ ❒ Individual towels and bathmats will be laundered in an acceptable manner.

- Laundry service: ❒ Onsite laundry ❒ Offsite contract laundry

❒ ❒ ❒ Central toilet/shower facilities provided and sized to meet the expected guests load and minimum design requirements.

- Not less than one commode, one lavatory and one tub or shower head for each sex for each ten trailer spaces or fraction thereof and for each ten dwelling units of non-permanent structure or fraction thereof. A urinal provided in each central toilet designated for men.

❒ ❒ ❒ Toilet rooms, lavatories and bathing facilities provided with soap, artificial light, and hot and cold water under pressure.

❒ ❒ ❒ One service sink or one curbed cleaning facility conveniently located in the facility or central toilet building and equipped with a floor drain.

3. Sewers

Yes No N/A

❒ ❒ ❒ Sewers designed in accordance with recognized engineering practices for the estimated sewage flow and approved by local building authority.

❒ ❒ ❒ Each independent trailer space provided with a sewer connection not less than three inches in diameter and designed to provide a watertight junction with a trailer outlet and can be capped when not in use to prevent escape of odors.

❒ ❒ ❒ Independent trailers use a properly sized dump station for sewage disposal with a properly sized central toilet/shower building.

❒ ❒ ❒ Dump station meets minimum design and construction specifications in the rule.

4. Sewage Disposal

Yes No N/A

❒ ❒ ❒ Connection made to a public or community sewage treatment system if available within 200 feet.

❒ ❒ ❒ Public sewers are not available as determined by the local governing agency.

❒ ❒ ❒ Application for an on-site sewage management system submitted.

❒ ❒ ❒ Site evaluated and approved for an on-site sewage management system.

- Permit Number:_____or
- Name of Utility:_____

❒ ❒ ❒ A central toilet/shower building is provided; and a dump station is installed and sized based on the number of spaces.

5. Plumbing

Yes No N/A

❒ ❒ ❒ All plumbing comply with State and local laws, ordinances or regulations.

6. Garbage and Refuse Disposal

| Yes | No | N/A | |
|---|---|---|---|
| ❒ | ❒ | ❒ | Approved containers for waste provided within 100 ft. of tourist accommodation or in an approved location. |
| ❒ | ❒ | ❒ | Adequate cleaning facilities provided for cleaning waste containers and storage areas. |
| ❒ | ❒ | ❒ | Dispose of water from cleaning operation as directed by Health Authority. |
| ❒ | ❒ | ❒ | Refuse and garbage storage containers placed on concrete or asphalt surfaces. |
| ❒ | ❒ | ❒ | Refuse and garbage containers collected and disposed of in accordance with applicable laws and ordinances. |

7. Insect and Rodent Control

| Yes | No | N/A | |
|---|---|---|---|
| ❒ | ❒ | ❒ | List the effective and appropriate measures to eliminate the presence of rodents and pests on the premises. |
| | | | • List the Certified Pest Management Professional (if under contract)_____ |
| ❒ | ❒ | ❒ | Openings to the outside effectively protect against the entrance of rodents and insects. |

8. Construction, Layout and Furnishings

| Yes | No | N/A | |
|---|---|---|---|
| ❒ | ❒ | ❒ | Walls and ceilings in residential kitchens for bed and breakfast inns are easily cleanable and light colored. |
| ❒ | ❒ | ❒ | Permanently installed cooking facilities in tourist rooms approved by Health Authority and appropriate local officials. |
| ❒ | ❒ | ❒ | Ventilation provided for all rooms and comply with the state minimum building and mechanical code. |
| ❒ | ❒ | ❒ | If windows are the only means for ventilation, is the openable window area at least 1/20 of the floor area served? |
| ❒ | ❒ | ❒ | Artificial light provided to maintain at least ten foot candles at 30” above floor levels. |
| ❒ | ❒ | ❒ | Tourist room linen exchange policy compiles with the requirements for supplying laundered linen during and after each occupancy. |

❒ ❒ ❒ Bed and Breakfast Inn sleeping quarters separated by walls from food preparation, food storage and food service areas.

9. Heating and Fire Safety

Yes No N/A

❒ ❒ ❒ All gas fire equipment vented to the outside of building.

❒ ❒ ❒ Automatic natural gas heating equipment provided with automatic safety pilots.

❒ ❒ ❒ Liquefied petroleum gas burning appliances equipped with 100% safety cut off pilots.

❒ ❒ ❒ Gas water heaters installed outside of bathrooms, bedrooms and connecting closets.

❒ ❒ ❒ Unvented gas heaters installed on the premises in accordance with code and manufacturer's instructions.

10. Swimming Pools

Yes No N/A

❒ ❒ ❒ Plans for the swimming pool and or spa have been submitted and approved.

❒ ❒ ❒ If a swimming pool at a bed and breakfast establishment is not approved for tourist use, it must have four feet high fence and locked gate.

❒ ❒ ❒ A portable spa is installed on the same premise of a detached cabin used for lodging. Does it comply with the installation and operation standards?_____

11. Laundry Rooms

Yes No N/A

❒ ❒ ❒ Laundry facilities are separate from other facilities.

❒ ❒ ❒ Laundry facilities for guest use are vented to the exterior, lighted, ventilated and separate from the tourist accommodation's laundry facility.

❒ ❒ ❒ Hot and cold water is provided to laundry facilities.

❒ ❒ ❒ Dryers are vented to the outside.

12. Grounds

Yes No N/A

❒ ❒ ❒ Grounds are graded to drain and provided with serviceable walk and driveways.

❒ ❒ ❒ At least 15 feet of clear space is provided between trailers and building.

❒ ❒ ❒ At least 10 feet of clear space is provided between trailers and internal driveways.

❒ ❒ ❒ Driveways are at least 20 feet wide and easily accessible to a public thoroughfare.

❒ ❒ ❒ Grounded and weather-proof electrical outlets supplying at least 115 volts are located at each trailer space.

❒ ❒ ❒ In recreational vehicle/trailer parks and campgrounds, power lines are located underground or suspended at least 18 feet above ground.

13. Food Service Options

Yes No N/A

❒ ❒ ❒ Based on the facility type and menu, which food service option is applicable:

Continental Breakfast ❒ Foodservice ❒ B&B Meal ❒

❒ ❒ ❒ Food service plans have been submitted and approved (if applicable).

❒ ❒ ❒ Food service facilities regulated under Chapter 26-2 Art.1 or as bed and breakfast inns and continental breakfast operations in accordance with the tourist accommodation chapter.

Continental Breakfast Operation:

❒ ❒ ❒ A two-compartment sink large enough to fully immerse the largest utensil provided.

❒ ❒ ❒ A refrigerator to maintain food temperatures at or below 41°F (5°C) is provided (if applicable).

❒ ❒ ❒ Single service disposable plates, cups and utensils used in the operation.

❒ ❒ ❒ Multi-use utensils and or a mechanical bulk juice dispenser is used in the operation.

❒ ❒ ❒ Protective display equipment provided to protect food items from contamination.

❒ ❒ ❒ A handsink provided in the continental breakfast food handling and warewashing area.

❒ ❒ ❒ The physical facilities for food storage and transfer comply with the criteria in the rule.

Bed and Breakfast Inn Operation:

❒ ❒ ❒ Food prepared for guests only staying in the inn and no catering off the premises.

❒ ❒ ❒ Floors, walls and ceilings materials are easy to clean as determined by the Health Authority.

❒ ❒ ❒ Refrigeration facilities provided to maintain foods at or below 41°F (5°C).

❒ ❒ ❒ Adequate means provided to maintain cooked foods at or above 140°F (60°C).

❒ ❒ ❒ Only self-service ice machines provided for guests.

❒ ❒ ❒ All equipment and utensils are constructed with safe materials, corrosion resistant and nonabsorbent, smooth and easily cleanable.

❒ ❒ ❒ Handwashing facility provided exclusively within or adjacent to each kitchen.

❒ ❒ ❒ Three compartment sink provided for washing, rinsing and sanitizing dishes.

❒ ❒ ❒ If a commercial dishwasher is provided, it must be NSF approved or equivalent.

❒ ❒ ❒ If a non-commercial dishwasher is provided, does it use a high temperature rinse cycle or in lieu of this cycle is hot water delivered to the machine at a minimum of 155°F (68°C).

14. Plan Review Notes:

_____
_____
_____
_____
_____
_____
_____
_____

Date:_____ Environmental Health Specialist Signature_____

# ADDITIONAL INFORMATION AND RESOURCES

CLAYTON COUNTY
HEALTH DISTRICT

Tourist Accommodations
Rules and Regulations, Chapter 511-6-2
Requirements for Plan Review and Permit Application

A. **General Instructions:**

1. Any person operating a tourist accommodation shall obtain and display a valid DPH tourist accommodation permit issued by the local Health Authority.

2. Plans and specifications for remodeling tourist accommodations and construction of new tourist accommodations must be submitted for review and approval prior to construction. If no construction changes will be made to an existing building, requirement for plans will be at the discretion of the local Health Authority.

3. To qualify for a operational permit, an applicant shall:
(i) be an owner of the tourist accommodation;
(ii) allow access to the tourist accommodation;
(iii) provide all information as required on the application
(iv) pay all applicable local and state fees at the time the application is submitted
(v) score 100% on the permitting inspection for newly constructed facilities.

4. Prior to the issuance of a tourist accommodation permit to new or existing establishments, the applicant shall provide evidence of satisfactory compliance with the provisions of this chapter and all other provisions of laws that apply;

- to the location,
- construction and maintenance of the tourist accommodation establishment
- and the safety of persons therein.

5. Upon receipt of an application for a permit, the local Health Authority Representative will review the application and take actions to approve or deny the permit in accordance with the provisions of O.C.G.A. Chapter 31-28 and 511-6-2, Rules and Regulations for Tourist Accommodations.

B. **Plan Review Process:**

1. Plans must be submitted fourteen days prior to beginning construction of the tourist accommodation.

2. The plans shall indicate the proposed layout and arrangement of rooms in the establishment and what each room is used for. Mechanical and plumbing details must be shown as well as construction materials to be used on floors, walls and ceilings.

3. Additional plans for a kitchen will be required if food is prepared and served to guests. The plans shall indicate the proposed menu or list of foods to be served, floor plan layout, arrangement of equipment, HVAC and plumbing, construction materials and finish schedule, the type and model of proposed fixed equipment and facilities and the anticipated service volume per day.

4. If swimming pools or spas are planned, properly prepared plans and specifications must be submitted to the local Health Authority for review, approval, and issuance of a construction permit as per applicable rules and regulations governing public swimming pools.

5. The owner or authorized representative must coordinate with all internal programs relevant to the project such as On-site Sewage Management, Non Public Water, Swimming Pools and Food Service to obtain applicable approvals.

6. Applicants shall obtain approval from all other agencies having jurisdiction over the project. Although complete plans are required for submission, only those items noted in the chapter will be reviewed by the Local Health Authority.

C. **Permit Application Process:**

1. Application for a permit to operate such tourist accommodation shall be made in duplicate on forms provided by the Department.

2. The forms shall be completed in all details and signed by the applicant or authorized agent and submitted at least ten days before the scheduled opening.

3. The original shall be filed with the Health Authority in the county where the facility is located.

4. The Health Authority shall grant the permit or write a statement detailing the reasons for denial. The permit or statement shall be forwarded to the tourist accommodation operator.

5. Permits shall expire upon change of ownership, location, or change in type of operation. A “change of ownership” means the transfer of a 50% interest or greater in the tourist accommodation to a person or entity not holding a current interest.

6. A signed certificate of occupancy or evidence of approval by all other local agencies with jurisdictions over construction, zoning and safety must be approved before permit issuance by the local Health Authority Representative.

7. The permit shall be void when the tourist accommodation ceases to operate or moves to another location. The operator shall be responsible for notifying the Health Authority when the Tourist Accommodation ceases to operate and for removing the invalid permit from the facility.

8. After a Tourist Accommodation permit has been issued by the Health Authority, any significant or material change of the Tourist Accommodation’s physical layout that would alter the interior or exterior structural blueprint of the facility may invalidate the permit. Unless prior approval has been obtained from the Health Authority, the facility shall maintain the physical layout shown within the approved plans and specifications of the Tourist Accommodation at the time of permit issuance.

9. Operators shall notify the Health Authority before any structural, material or equipment changes to obtain approval if necessary.