



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS
HOTELS/MOTELS
PLAN REVIEW APPLICATION

40 SOUTH STREET
 Tel (508) 543-1207
 Fax (508) 543-6278

MUST BE SUBMITTED WITH FEE 30 DAYS BEFORE CONSTRUCTION BEGINS.

BHP - _____

DATE : _____

FEE: \$200.00 Please make checks payable to the Town of Foxborough. **NEW** **REMODEL**

NAME OF PROPOSED FACILITY: _____

Type : **HOTEL** **MOTEL** **OTHER** **#OF ROOMS**: _____

ADDRESS: _____

NAME OF ESTABLISHMENT: _____ **PHONE**: _____

NAME OF OWNER: _____ **PHONE**: _____

MAILING ADDRESS: _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____ **PHONE**: _____

BUILDER OF PROP. FACILITY: _____ **PHONE**: _____

MAILING ADDRESS: _____

MASS. REG. PROFESSIONAL ENGINEER OR REG. ARCHITECT: _____

MAILING ADDRESS: _____

PROJECTED DATES FOR PROJECT: _____ **START** _____ **FINISH**

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS OFFICE MAY NULLIFY THIS APPROVAL.

I UNDERSTAND THAT APPROVAL FOR THE HOTEL/MOTEL MUST MEET THE **MINIMUM STANDARDS OF FITNESS FOR HUMAN HABITATION, STATE SANITARY CODE, CHAPTER II, 105 CMR 410.000**. I HAVE READ THE REGULATION AND WILL COMPLY WITH THE STATE CODE. THE PLAN IS ALSO CONTINGENT UPON COMPLIANCE WITH STATE AND LOCAL BUILDING, ELECTRICAL, PLUMBING AND FUEL GAS CODES.

 Owner (s) or responsible representative(s)

 Date

Approval of these plans by this Health Department does not indicate compliance with any other code, law or regulations that may be required (federal, state, or local).
 AN ON-SITE INSPECTION AT LEAST 10 BUSINESS DAYS PRIOR TO OPENING THE ESTABLISHMENT IS REQUIRED.
 CALL THIS OFFICE FOR AN APPOINTMENT, (508) 543-1207.

PLEASE INCLUDE THE FOLLOWING DOCUMENTS:

- A plan review fee of \$200 shall be submitted with this application.
- Workers Compensation Affidavit, completed and signed by the applicant.
- One set of plans.

Plans shall include the following: (plans shall be drawn to an acceptable architectural scale.)

Site Plan.

Layouts for all rooms. Include pools, spas, clubs, kitchens, stores, etc.

**WEBSITE FOR: 105 CMR 410.000 MINIMUM STANDARDS OF FITNESS FOR HUMAN HABITATION, STATE SANITARY CODE CHAPTER II - www.mass.gov/dph/dcs then, scroll down to HOUSING.
A copy of the regulation must be on site at all times.**

(UPDATED 2009)