



2025 Plan Review

January 1, 2025

Plan Review Requirement

La Crosse County Environmental Health has a plan review requirement for all new tourist rooming house and bed and breakfast establishments in La Crosse County.

Please complete the plan review to the best of your ability and return to Megan Watters in the Environmental Health Department with all items requested. Failure to return items requested will delay the review process.

Per ATCP 72 and 73, our department has 30 business days to complete the plan review of completed documents. If all items are not received or are incomplete, the timeline is paused and / or started over.

If you have questions, please contact us at 608-785-9771 or email mewatters@lacrossecounty.org.

Plan Review Checklist:

- Approval from local municipality zoning or La Crosse County Zoning.
 - La Crosse County Zoning Permit Number: _____
 - Approval from local municipality date: _____
- Approval from La Crosse County POWTS
 - Approval date: _____
- Complete plan review application and return to Health Department
 - Include floor plan drawn to scale with locations of bedrooms, bathrooms, smoke detectors, carbon monoxide detectors, means of egress, and fire extinguishers.



For office use only

Date Submitted: _____	Date Additional information requested: _____
Date Reviewed: _____	Projected Opening Date: _____

Lodging Establishment Plan Review Application

All newly licensed lodging establishments in La Crosse County must submit plans for operation. **These items must be submitted and approved by the Health Department in advance of licensing and operation**

The Department will notify the Establishment’s Local Contact* within 10 business days of submittal if the plans are incomplete and cannot be reviewed. The department will review applications within 20 business days from notification that the application is complete.

This plan review is for:

- Tourist Rooming House (TRH)
- Bed and Breakfast

Establishment address:

Establishment Information: **Projected Opening Date** _____

License Holder: _____

Circle one: INC /LLC/Sole Proprietor

Property Owner:

Business mailing address: _____

DBA Establishment name: _____

Establishment address: _____

Phone: _____ - _____ - _____ E-Mail: _____

*Local contact (if different than property owner): _____

Phone: _____ - _____ - _____ E-Mail: _____

****Local contact must be within 2 hours of the property in case response is needed for an emergency****



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Plan Submittal

A detailed set of plans must be submitted with this application. Incomplete plans and application will delay plan approval. The following pages will outline General Establishment Information and Property Layout requirements.

Be advised, regulations are subject to change. Any changes in plans that have not been reviewed by the Health Department must be resubmitted for review and approval. Health Department approval of these plans does not take place of approval and plan submittal to other City, County or State departments. La Crosse County establishments must complete and submit a license application to the Health Department prior to the pre-inspection.

General Establishment Information

Fire Safety:

Number of Sleeping Rooms: _____ Number of Smoke Detectors: _____

Any fuel burning appliances? If Yes, Number of Carbon Monoxide Detectors: _____

Location of All Smoke and Carbon Monoxide Detectors: _____

Number of Fire Extinguishers: _____ Location of Fire Extinguishers: _____

Means of Escape/Egress: _____

Bathrooms:

Total Number of bathrooms _____ Number of Toilets _____ Number of Showers/Bathtubs _____

** Provide slip resistant flooring, mats, or strips in each bathtub or shower.*

Waste and water supply:

Municipal water Municipal waste Private Well Septic system

Private Well Testing:

Test Date for Bacteria: _____ Results: +/- Total Coliforms +/- *E. coli*

Test Date for Nitrates: _____ Results: _____ ppm

**Attach results of bacteria and nitrate testing*

All well and septic requirements and questions will be referred to the Well and Septic Specialists at the La Crosse County Health Department. For sizing requirements, contact our department at 608-785-9771 or email environmental@lacrossecounty.org.



Waste and Recycling:

Garbage and recycling containers must be leak-proof and non-absorbent containers with a tight-fitting cover. Trash and recycling must be disposed frequently to prevent decomposition, pest or rodent attraction, and overflow of contents.

Guest Registration:

A guest register with guest names and addresses must be maintained for at least one year. Register must be made available for all inspections.

Floor Plan

Submit a floor plan drawn to scale.

Include:

1. All means of escape/egress
2. Location of all rooms
 - a. Include placement of bed(s) in each room
 - b. Include all floors
 - * indicate if guests do not have access to certain areas
3. Location of:
 - a. Smoke Alarms
 - b. Carbon Monoxide Detectors
 - c. Fire Extinguishers
4. Dish Machine (if applicable)

Emergency Plans

Describe your plans for natural disasters:

Fire:

Tornado and Severe Weather:



Flood:

Power Outage:

Food and Beverage

Food:

Will you be providing food on site? Yes No

Where will food be purchased from? _____

Food thermometers and refrigerator thermometers are required for use in Bed & Breakfast Establishments.

Note: Tourist Rooming Houses are not allowed to provide food for guests. If you would like to cook foods for your guests, a Bed and Breakfast license is required. If you are licensing as a Bed & Breakfast, you must stay on site with the guests at all times and can only cook breakfast.

Will ice be provided for guests? Yes No

*Ice trays and bins must be emptied, cleaned and sanitized between each guest

Warewashing:

How will utensils (plates, cups, silverware, etc.) be cleaned and sanitized between guests? Describe the washing, rinsing and sanitizing procedures:

Note: Residential dish machines must be evaluated for use by the La Crosse County Health Department. Not all residential dish machines are approved for sanitizing utensils.

Sanitizer used: _____

Chlorine (Bleach) Quaternary Ammonia Iodine



If you are not sanitizing utensils, place the statement below in a conspicuous location for guests to see:

Food and beverage utensils have been provided in this unit as a guest convenience. They have not been sanitized. It is recommended that you wash with a detergent, rinse with clean water and sanitize utensils before their use. To sanitize, after rinsing, add 1 teaspoon of unscented bleach per gallon of clean water and immerse utensils for a minimum of 30 seconds, then air dry. The sanitizer is located _____.

At a minimum, the operator is required to wash utensils with soap and water between guest stays.

Single Use Items

Soap and Towels:

Will soaps (shampoo, conditioner, body wash, etc.) be provided for guests? Yes No

Single use items are encouraged.

Will towels and linens be provided for guests? Yes No

Where will towels and linens be laundered between guest stays? _____

If linens are provided, all beds must include:

- Mattress pad or cover
- Pillow covers and pillow cases
- 12-inch fold back on the comforter.

Contact Information

This application and floor plan may be mailed to:

La Crosse County Health Department
300 4th Street North, 2nd Floor
La Crosse, WI 54601

1. Contact La Crosse County Zoning at (608) 785-9722 or zoning@lacrossecounty.org for a Short Term Rental Permit, authorized use letter, and/or any shoreland requirements that may need to be met.
2. If operating in the City of La Crosse, contact Zoning at (608) 789-7530.
3. Contact your local municipality for any operational, building or fire safety inspection requirements.

If you have any questions about this application or need to schedule a preplan review appointment call:
La Crosse County Health Department Environmental Health at (608) 785-9771