

NEW CONSTRUCTION OR REMODEL PLAN REVIEW APPLICATION

FOR MANUFACTURED HOME PARK/RECREATIONAL CAMPING AREA
SPECIAL EVENT CAMPING AREA



Minnesota Department of Health
Food, Pools and Lodging Services Section
P.O. Box 64975 - Plan Review
St. Paul, Minnesota 55164-0495

Submit to MDH 30 days before Construction Begins

PARK/CAMP INFORMATION		
Park/Camp Name:		
Park/Camp Address:		
City:	State:	ZIP:
County:	Business Phone:	

SUBMITTER INFORMATION		
Submitter Name:		
Mailing Address:		
City:	State:	ZIP:
Contact Phone:	Cell Phone:	Fax:
Email:		

APPLICANT/OWNER INFORMATION (if different from submitter)		
Applicant/Owner Name:		
Mailing Address:		
City:	State:	ZIP:
Contact Phone:	Cell Phone:	
Email:		

PARK/CAMP INFORMATION	
Type of Operation (check one): <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal – Fill in the months of operation _____ to _____	
Type of Water Supply (check one): <input type="checkbox"/> Private Well Water, Unique # _____ <input type="checkbox"/> Municipal Water Supply	Type of Sewage Treatment (check one): <input type="checkbox"/> Private Sewage Treatment System <input type="checkbox"/> Municipal Treatment
Number of new Sites applied for: _____ Independent Camp Sites (Sites with sewer connections) _____ Manufactured Home Sites _____ Dependent Camp Sites (Tent or RV without sewer connections) _____ Special Event Camp Sites	
Is there a public pool at the park/camp? <input type="checkbox"/> No <input type="checkbox"/> Yes Swimming #: _____ Spa #: _____	
Is there food and/or beverage service at the park/camp? <input type="checkbox"/> No <input type="checkbox"/> Yes License #: _____	
Is there lodging at the park/camp? <input type="checkbox"/> No <input type="checkbox"/> Yes License #: _____	
Number of fixtures, if provided: Men: Flush Toilets _____ Privies _____ Showers _____ Urinals _____ Sinks _____ Women: Flush Toilets _____ Privies _____ Showers _____ Urinals _____ Sinks _____	

MANUFACTURED HOME PARKS ONLY

Date of evacuation plan approval _____ or date of storm shelter construction _____

PERSON LICENSE APPLICATION SHOULD BE SENT TO (check one)

- Submitter Owner

PLAN REVIEW FEE SCHEDULE

NEW CONSTRUCTION OF:

Notice: Any MHP or RCA must be constructed and operated according to all applicable state electrical, fire, plumbing and building codes. Evidence of compliance is required.

Manufactured Home Park (MHP):

- MHP - Less than 25 sites \$375 _____
- MHP - 25 to less than 100 sites \$400 _____
- MHP - 100 or more sites \$500 _____

Recreational Camping Area (RCA):

- RCA - Less than 25 sites \$375 _____
- RCA - 25 to less than 100 sites \$400 _____
- RCA - 100 or more sites \$500 _____

Special Event Camping (SECA):

- SECA - Less than 25 sites \$375 _____
- SECA - 25 to less than 100 sites \$400 _____
- SECA - 100 or more sites \$500 _____

Total Plan Review Fee Submitted: \$ _____

REMODEL OR ADDITION OF:

Notice: Previously licensed as (provide name or license number of former operation, if known): _____

Manufactured Home Park (MHP):

- MHP - Less than 25 sites \$250 _____
- MHP - 25 to less than 100 sites \$300 _____
- MHP - 100 or more sites \$450 _____

Recreational Camping Area (RCA):

- RCA - Less than 25 sites \$250 _____
- RCA - 25 to less than 100 sites \$300 _____
- RCA - 100 or more sites \$450 _____

Special Event Camping (SECA):

- SECA - Less than 25 sites \$250 _____
- SECA - 25 to less than 100 sites \$300 _____
- SECA - 100 or more sites \$450 _____

Total Plan Review Fee Submitted: \$ _____

For Office Use Only

Inspector Initials: _____

Check Number: _____

Plan Number: _____

Please make checks payable to: Minnesota Department of Health

Mail or deliver the application, payment and additional paperwork to MDH using the appropriate address on page 3.

DOCUMENTS REQUIRED FOR APPLYING

Complete plans and specifications for any new manufactured home park or recreational camping area or for an expansion or alteration, must be submitted to and approved by the Minnesota Department of Health before construction is begun.

- All pages of this application.
- Payment for all *plan review fees** made payable to: *Minnesota Department of Health*.
- Statement of what is proposed for review.
- A plan showing the boundaries of the entire tract of land upon which the MHP or RCA is to be located. Show land area.
- A plan indicating sites proposed (site #1, #2, etc.) and dimensions of sites,
 - location of existing facilities including permanent buildings and dimensions,
 - location of landforms on the property (waterfront, bluffs, wetlands, etc.),
 - location of all wells and on-site sewage treatment systems with distances between each system,
 - water and sewer lines and electrical hook-ups with distance between each,
 - locations of all roads and driveways, public and private,
 - location of parking areas; and
 - location and type of night lights and any other pertinent information.

Separate plumbing plans must be submitted for any new plumbing installations including all water and sewer lines and on-site sewage treatment systems, if provided. All plumbing must be installed in accordance with the Minnesota Plumbing Code. Contact the Department of Labor and Industry, Plumbing Unit, at 651-284-5067 or 800/926-6216 for more information.

<http://www.dli.mn.gov/CCLD/PlanPlumbing.asp>

- Include a copy of each water well permit or any other wells located on the property. Contact this department or the local MDH Well Unit for copies of the permits.
- The sewage treatment system must comply with all applicable state rules. Submit a copy of the certificate of compliance for new or existing systems and /or the permit to install new or additional systems.

**The plan review fee is a separate fee from the license fee.*

ADDRESS FOR MAILING	ADDRESS FOR COURIER DELIVERY
Minnesota Department of Health Food, Pools and Lodging Services Section P.O. Box 64975 - Plan Review St. Paul, Minnesota 55164-0495	Minnesota Department of Health Orville L. Freeman Building 625 North Robert Street St. Paul, MN 55155

FOR HELP FILLING OUT THIS APPLICATION PLEASE CONTACT YOUR DISTRICT OFFICE			
Bemidji District Office Phone: 218-308-2100	Fergus Falls District Office Phone: 218-332-5150	Metro District Office Phone: 651-201-4500	St. Cloud District Office Phone: 320-223-7300
Duluth District Office Phone: 218-302-6166	Mankato District Office Phone: 507-344-2700	Rochester District Office Phone: 507-206-2700	
FAX: 651-201-4572 (Metro District Office)			

If you require this document in another format, call 651-201-4500.

Revision: 03/29/2013