

# **Remodel or Addition Plan Review Application**

FOR FOOD, BEVERAGE, AND LODGING ESTABLISHMENTS

### **Establishment information**

| Establishment name_   |                              |                    |               |                  |       |
|-----------------------|------------------------------|--------------------|---------------|------------------|-------|
| Establishment addres  | ss                           |                    |               |                  |       |
|                       | Street                       |                    | City          | State            | ZIP   |
| County                |                              | Business Phone     | e             |                  |       |
| Mark all that apply   |                              |                    |               |                  |       |
| Private water         | ☐ Municipal water            | If private wa      | ater, unique  | well #           |       |
| Private sewer         | ☐ Municipal sewer            | License num        | ber or previo | ously licensed a | ıs    |
| Proposed date for sta | art of construction          | Proposed dat       | e for comple  | tion of constru  | ction |
| Submitter inforn      | nation                       |                    |               |                  |       |
| Submitter/co          |                              |                    |               |                  |       |
|                       |                              |                    |               |                  |       |
| Mailing address       |                              |                    |               |                  |       |
|                       | Street                       |                    | City          | State            | ZIP   |
| Contact phone         | Cell phone                   | <u> </u>           | Email         |                  |       |
| Owner informati       | ion (if different from submi | itter)             |               |                  |       |
| Owner/co.             |                              |                    |               |                  |       |
| First name            |                              | Last name          |               |                  |       |
| Mailing address       |                              |                    |               |                  |       |
|                       | Street                       |                    | City          | State            | ZIP   |
| Contact phone         | Cell phone                   |                    | Email         |                  |       |
| Contractor/Arch       | itect/Engineer inforr        | mation (if differe | nt from subm  | itter/owner)     |       |
| Company name          |                              |                    |               |                  |       |
| First name            |                              | Last name          |               |                  |       |
| Mailing address       |                              |                    |               |                  |       |
|                       | Street                       |                    | City          | State            | ZIP   |
| Contact phone         | Cell phone                   | ·                  | Email         |                  |       |
| Public pool or sp     | a only                       |                    |               |                  |       |

Is there a swimming pool or spa pool operated for public use on the premises?  $\Box$  Yes  $\Box$  No

## Food, beverage and lodging establishment definitions

Category 1 establishment provides one or more of the following:

Pre-packaged food that is served in the package; continental breakfast such as rolls, coffee, juice, milk and cold cereal; serves beverages; cleans eating, drinking or cooking utensils or is a child care facility licensed under MN Statutes, 245A.03; a food establishment where the method of food preparation is low-risk as defined by MN Statutes, 157.20 subd. 2(c).

**Category 2** establishment is not a category 1 establishment and is either a food establishment where the method of food preparation is medium risk as defined by MN Statutes, 157.20 subd. 2 (b); an elementary school or secondary school as defined in MN Statutes, 120A.05.

**Category 3** establishment is not a category 1 or 2 establishment and is either a food establishment where the method of food preparation is high risk as defined by MN Statutes, 157.20 subd. 2 (a); an establishment where 500 or more meals are prepared each day and served at one or more locations.

**Additional food service** - a location at a food establishment, other than the primary food preparation and service area, used to prepare or serve beverages from a bar or prepare food to the public.

**HACCP** - an annual fee category for a business that performs one or more specialized process that requires an HACCP plan as required in chapter 31 and MN Rules, chapter 4626.

Individual water - a private water supply other than a community public water supply.

Individual sewer - a private sewage treatment system, which uses subsurface treatment and disposal.

**Lodging per unit** - the number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment, or resort, or the number of beds in a dormitory.

### Plan review fee schedule

The plan review fee is a separate fee from the license fee. After your plan review application has been reviewed and approved, you will receive a food license application from the Sanitarian noted in your approval report.

| Food and beverage service (f    | ood ser  | vice/re | staurant, daycare, school, catering) |
|---------------------------------|----------|---------|--------------------------------------|
| Category 1 establishment        |          | \$300   | \$                                   |
| Category 2 establishment        |          |         | \$                                   |
| Category 3 establishment        |          | \$400   | \$                                   |
| Additional food service         | No.      | X \$250 | \$                                   |
| Additional food service (bar)   | No.      | X \$250 | \$                                   |
| HACCP plan review               |          | \$500   | \$                                   |
| Lodging facilities (hotel, mote | el, boar | d & lod | ge, youth camp)                      |
| Lodging: < 25 rooms             |          | \$250   | \$                                   |
| Lodging: 25 to 99 rooms         |          | \$300   | \$                                   |
| Lodging: 100 or > rooms         |          | \$450   | \$                                   |
| Youth Camp only - No fee        |          |         |                                      |
| Resorts                         |          |         |                                      |
| Cabins: < 5                     |          | \$250   | \$                                   |
| Cabins: 5 to 9                  |          | \$350   | \$                                   |
| Cabins: 10 or >                 |          |         | \$                                   |
| Total plan review fee submit    | ted      | \$      |                                      |

This must be completed in order to review your plan

### REMODEL OR ADDITION PLAN REVIEW APPLICATION

## Finish material schedule

Attach additional sheets if needed

### Finish material schedule

| Room number   | Finish area  | Walls                                  | Ceilings           | Floor/basecove                    |  |  |
|---|--|--|--------------------|-----------------------------------|--|--|
| Example "room 1"  | Kitchen  | FRP/stainless behind cooking equipment | Smooth vinyl tiles | Quarry tile/quarry tile cove base |  |  |
|   |  |  |                    |                                   |  |  |
|   |  |  |                    |                                   |  |  |
|   |  |  |                    |                                   |  |  |
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|   |  |  |                    |                                   |  |  |
|   |  |  |                    |                                   |  |  |
|   |  |  |                    |                                   |  |  |
|   | *Mop sink area   |  |                    |                                   |  |  |
| *Mop sink areas must have compliant finishes. (enter mop sink information)  |  |  |                    |                                   |  |  |
| What will the wall finish be behind the cooking equipment? $\Box$ Insulated stainless steel panel $\Box$ Ceramic tile |  |  |                    |                                   |  |  |
| Floor and base finish of the walk in refrigeration/freezer: (if installing)   |  |  |                    |                                   |  |  |
| Walk in cooler(s) Floor Base  |  |  |                    |                                   |  |  |
| Walk in freezer(s)  | Floor  | Base                                   |                    |                                   |  |  |
| Walk in keg cooler(s)   | Floor  | Base                                   |                    |                                   |  |  |
| Commercial water hea  | Commercial water heater model and size (gal): Model Size |  |                    |                                   |  |  |

(Location of water heater must be on the layout)

This must be completed in order to review your plan

### REMODEL OR ADDITION PLAN REVIEW APPLICATION

# **Equipment schedule**

Attach additional sheets if needed

**New equipment\*** - Submit **manufacturer specifications sheet** for <u>each piece of new</u> equipment.

**Used equipment** - List used equipment below. Photographs of used equipment suggested.

### **Equipment schedule**

| Item number (from plan) | Qty | Note if *new or used | Equipment         | Manufacturer | Model |
|-------------------------|-----|----------------------|-------------------|--------------|-------|
| Example "room 1"        | 1   | used                 | Hand-washing sink | Company name | XX-X  |
|                         |     |                      |                   |              |       |
|                         |     |                      |                   |              |       |
|                         |     |                      |                   |              |       |
|                         |     |                      |                   |              |       |
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|                         |     |                      |                   |              |       |
|                         |     |                      |                   |              |       |
|                         |     |                      |                   |              |       |

Used or existing equipment will be field approved prior to installation by MDH.

| Enter brief description of project |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
|                                    |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |
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|                                    |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |

### **Documents required for applying**

| ☐ All 5 pages of this application   |
|---|
| ☐ Payment for all plan review fees made payable to Minnesota Department of Health |
| ☐ Easily readable layout to scale including:                                      |

- location of equipment
- hand sinks
- ware-washing equipment
- storage areas
- wait stations
- bars
- janitor areas

| Finish and equipment schedule                                      |
|--|
| Intended menu  |
| Manufacturer specifications sheet for each piece of new equipment  |
| Set of elevations and drawings for all custom fabricated equipment |
| Cabinetry and counter top information                              |
| Sleeping room dimensions for lodging establishments                |

### Variance Request

You may apply for a variance (exception) from some parts of Minnesota Rule 4626.

### For help filling out this application contact your District Office

| Bemidji      | 218-308-2100 | Metro     | 651-201-4500 |
|--------------|--------------|-----------|--------------|
| Duluth       | 218-302-6166 | Rochester | 507-206-2700 |
| Fergus Falls | 218-332-5150 | St. Cloud | 320-223-7300 |
| Mankato      | 507-344-2700 |           |              |

# Submit application/fee to

### Make checks payable to Minnesota Department of Health

**Notice:** The issuance of a dishonored check to this department will require a service charge of \$30 per check pursuant to Minnesota Statutes, Section 604.113, subd. 2.(a). Additional civil penalties may be imposed for nonpayment.

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

health.foodlodging@state.mn.us 651-201-4500 www.health.state.mn.us

#### 09/28/2021

To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper.