



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

NEW CONSTRUCTION OR REMODEL PLAN REVIEW APPLICATION

Park/ camp information

Park/ camp name _____

Park/ camp address _____

Street City State ZIP

County _____ Business Phone _____

Proposed date for start of construction _____ Proposed date for completion of construction _____

Submitter information

Submitter/co. _____

First name _____ Last name _____

Mailing address _____

Street City State ZIP

Contact phone _____ Cell phone _____ Email _____

Owner information (if different from submitter)

Owner/co. _____

First name _____ Last name _____

Mailing address _____

Street City State ZIP

Contact phone _____ Cell phone _____ Email _____

Additional park/camp information

Type of operation: Year round Seasonal Months of operation _____ to _____

Type of water Type of sewage treatment

- Private water Private sewer
 Municipal water Municipal sewer

If private water, unique well # _____

Number of 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/spa at the park/camp? Yes No License# _____

Is there food/beverage service at the park/camp? Yes No License# _____

Is there a lodging at the park/camp? Yes No 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 _____

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 license application from the Sanitarian noted in your approval report.

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.

New construction

Remodel or addition

Manufactured home park (MHP)

MHP: < 25 sites \$375 \$ _____

MHP: 25 < 100 sites \$400 \$ _____

MHP: 100 or > sites \$500 \$ _____

MHP: < 25 sites \$250 \$ _____

MHP: 25 < 100 sites \$300 \$ _____

MHP: 100 or > sites \$450 \$ _____

Recreational camping area (RCA)

RCA: < 25 sites \$375 \$ _____

RCA: 25 < 100 sites \$400 \$ _____

RCA: 100 or > sites \$500 \$ _____

RCA: < 25 sites \$250 \$ _____

RCA: 25 < 100 sites \$300 \$ _____

RCA: 100 or > sites \$450 \$ _____

Special event camping (SECA)

SECA: < 25 sites \$375 \$ _____

SECA: 25 < 100 sites \$400 \$ _____

SECA: 100 or > sites \$500 \$ _____

SECA: < 25 sites \$250 \$ _____

SECA: 25 < 100 sites \$300 \$ _____

SECA: 100 or > sites \$450 \$ _____

Total plan review fee submitted \$ _____

Total plan review fee submitted \$ _____

Documents required for applying

- All 3 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 the 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.

- Include a copy of each water well permit or any other wells located on the property. Contact MDH Well Unit at 651-201-4600 or 800-383-9808 for copies of the permits.
- Submit a copy of the certificate of compliance for new or existing systems and/or the permit to install new or additional systems. The sewage treatment system must comply with all applicable state rules.

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

02/19/2018

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