



616 Third Avenue
 Two Harbors, MN 55616
 Phone: 218-834-8400
 FAX: 218-834-8412
*Public Health
 Social Services
 Child Support
 Financial Assistance*

Plan Review Application

Plans must be submitted and **approved before** construction begins. Allow at least thirty (30) days at a minimum for plan approval. This is not a license application.

| Type of Project (check all that apply) | |
|---|---|
| <input type="checkbox"/> Food Service/Restaurant | <input type="checkbox"/> Lodging/Hotel/Motel |
| <input type="checkbox"/> Pool <input type="checkbox"/> Spa | <input type="checkbox"/> Alcohol Beverage Service |
| <input type="checkbox"/> Children's Camp | <input type="checkbox"/> Mobile Food Unit |
| Check All That Apply | |
| <input type="checkbox"/> Private Sewer | <input type="checkbox"/> Municipal Sewer |
| <input type="checkbox"/> Private Water | <input type="checkbox"/> Municipal Water |
| <input type="checkbox"/> Surface Water | |
| Establishment Information & Location | |
| Establishment Name: | |
| Address: | |
| City: | Zip: |
| Phone: | |
| Establishment Owner Information | |
| Name: | |
| Address: | |
| City: | |
| State: | Zip: |
| Phone: | Fax: |
| Email: | |
| Establishment Owner Signature: | |
| The above signature indicates that I understand failure to submit the required information and fees will delay or stop the plan review and licensure process. I understand that it is my responsibility to submit all required fees and necessary information before licensure can be obtained. | |
| Submitter Information | |
| Name: | |
| Address: | |
| City: | |
| State: | Zip: |
| Phone: | Fax: |
| Email: | |

| Fee Schedule | |
|--|---------------------------------------|
| Please submit a check or money order payable to the Lake County Health Department. | |
| Check all that apply | |
| New Construction of - | |
| <input type="checkbox"/> restaurant/food service/alcohol beverage | <input type="checkbox"/> \$315 |
| <input type="checkbox"/> hotels, motels, resorts, lodging or Bed & Breakfast establishments | <input type="checkbox"/> \$315 |
| <input type="checkbox"/> mobile food unit | <input type="checkbox"/> \$315 |
| <input type="checkbox"/> children's camp | <input type="checkbox"/> \$315 |
| <input type="checkbox"/> vacation rental home (VRH) | <input type="checkbox"/> \$315 |
| Remodel of - | |
| <input type="checkbox"/> an existing restaurant/food service/ alcohol beverage | <input type="checkbox"/> \$257 |
| <input type="checkbox"/> hotel, motel, resort, lodging, VRH, or Bed & Breakfast | <input type="checkbox"/> \$257 |
| <input type="checkbox"/> mobile food unit | <input type="checkbox"/> \$257 |
| <input type="checkbox"/> children's camp | <input type="checkbox"/> \$257 |
| <input type="checkbox"/> conversion of existing home to a VRH | <input type="checkbox"/> \$257 |
| Late Plan Review: (Plan Review not submitted and approved before new construction and/or extensive remodeling). | <input type="checkbox"/> \$315 |
| Proposed date for start of construction: | |
| Proposed date for project completion: | |
| For Office Use Only: | |
| Date Received: | |
| Plan #: | |
| Check #: | |
| Fee Received: | |
| Receipt #: | |
| Comments: | |

Plan review will not begin until this office receives all necessary information. To avoid delay of your food, beverage or lodging project, please include the following:

- One set of plan including lighting, plumbing, ventilation, and make-up air (mechanical plans);
- The floor, wall and ceiling finishes for kitchen, bar, janitor closet, and storage areas;
- A zoning permit or statement of approval from the local unit of government for the intended land use; and
- A zoning permit or statement of approval from the local unit of government for an individual sewage treatment system.

In addition to the items above, please also include the following for Food & Beverage Plan Review:

- A proposed menu and floor plan indicating how food will be handled from the time it is received until served to the consumer; describe the type of alcohol service if available; please include Food Manager Certification number;
- List of vendors & suppliers
- A layout of equipment and sinks;
- Manufacturer specification sheets** for all food service equipment;
- Type of shelving to be used in the kitchen, walk-in cooler and freezer, and storage room(s); and
- Location and construction of all toilet room, janitor's room, refuse storage room.

In addition to the items above, please also include the following for Lodging Plan Review:

- The layout of the sleeping rooms showing room name, size, and maximum occupancy;
- The exits to hallways or outdoors, fire escapes and window locations;
- The window egress sizes (this is window opening, see Window Egress Sheet);
- The location of the automatic dispensing ice machine and vending machines for the public; and
- The location of the laundry facilities and storage areas.

1. Plumbing must be installed according to the [Minnesota Plumbing Code](#). A separate bulletin covering the details of submitting plans is available. Please contact the Minnesota Department of Labor and Industry at 651-284-5067 for more plumbing plan review information. Minnesota Department of Labor and Industry, Construction and Licensing Division, Engineering and Plumbing Unit, 443 Lafayette Road North, St. Paul, MN 55155. A satisfactory plumbing inspection is necessary prior to licensing.
2. Plans must be submitted for any individual sewage treatment system to the Lake County Planning and Zoning Department (Courthouse 218-834-8325). An individual sewage treatment system must be approved by this office before any construction or food service can begin. If the establishment is on municipal sewer services, please indicate this fact. A certificate of compliance or a copy of an approved septic system permit from the local authority is required prior to licensure.
3. The water supply for the establishment must comply with the rules governing public water supplies and water wells. Provide the unique well number for private wells and the location of the well on the property. Please indicate if the establishment obtains water from a municipal supply. A well survey for private water supply is required prior to licensure.
4. You must submit a plan review application with the required fee and all the requested plans and information not less than thirty (30) days prior to beginning construction. Failure to submit a plan review application may result in additional fees. After your plans have been reviewed, you receive a letter indicating any changes that need to be made and any concerns that have been noted. Construction may start only after you receive a plan approval letter.
5. You will receive an application for licensure, which must be submitted with the appropriate fees before you can open. Finally, you must contact Lake County Health & Human Services, Public Health Unit for an on-site inspection at least ten (10) business days prior to opening the establishment. (Minnesota Rules, part. 4626.1750). If the inspection is satisfactory, and you have submitted a license application and all required fees, a license will be issued and you will be allowed to open.

Note: An establishment is not allowed to open before an application for licensure is submitted and all required fees are paid. (Minnesota Statutes, section 157.16).