

**Plan Review Application**

Brown-Nicollet Environmental Health  
622 South Front Street  
St. Peter, MN 56082  
Phone: 507-934-7089 Fax: 507-934-7170



**Mail or Courier Drop-Off:**

Brown-Nicollet Environmental Health  
622 South Front Street  
St. Peter, MN 56082  
Phone: 507-934-7089 Fax: 507-934-7170

**Plan Review Application—NEW Lodging Establishment**

*Submit a complete set of plans to the above address, at least 30 days before construction begins.*

**Establishment Information**

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
Street/PO Box City State Zip

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Check All That Apply:  Private Water  Private Sewer  Municipal Water  Municipal Sewer

Hotel/Motel # of Rooms \_\_\_\_\_ Board/Lodging # of Beds \_\_\_\_\_ Bed & Breakfast # of Rooms \_\_\_\_\_

Proposed date for start of construction: \_\_\_\_\_

Proposed date for completion of construction: \_\_\_\_\_

**Boarding and Lodging Establishments:**

Are you registered for MN Statutes, section 157.17, Special Services? \_\_\_\_\_

Are you registered for MN Statutes, Chapter 144D, Housing with Services? \_\_\_\_\_

**Swimming Pools or Spa Pools: Is there a swimming pool or spa pool operated for public use on the premises? Yes \_\_\_ No \_\_\_**

**Owner Information:**

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Contact Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Contractor/Architect/Engineer Information (if different from owner):**

Name or Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Completion of entire application is REQUIRED.**

**For Office Use Only:**

Date Received:

**Plan Review Fees for Lodging Facilities (Hotel, Motel, Lodging Establishments and Resorts):**

< 25 Units	\$ 337.50	_____
25-100 Units	\$ 360.00	_____
>100 Units	\$450.00	_____

**Total Plan Review Fee Submitted**                      \$ \_\_\_\_\_

*For Office Use Only:*

Date Received: \_\_\_\_\_

Check Number \_\_\_\_\_

## Check List for Plan Review

In order to complete a timely review of your project, all the information listed below should be included with the plan.  
*Plan may take up to 30 days to review. Incomplete plans may take longer.*

- A completed plan review application with required fees
- One complete set of plans drawn to scale, easy to read, and including location and dimensions of equipment, hand sinks, ware washing equipment, toilet rooms, janitor areas, storage areas including chemical storage areas, equipment & utensil storage areas, clean & soiled linen storage and waste & recycling storage.
- Finish schedule for floors, base cove, walls and ceilings
- A description of the project
- Equipment types with model numbers and /or manufacturer's specification sheets
- Sleeping room dimensions for lodging establishments including number of beds/rooms
- Counters and cabinetry information including cabinet construction and countertop finish
- Information on well (unique well number) and septic system (certification of compliance) for private systems (if applicable)
- Other information as requested by the Regulatory Authority
- Before a final inspection and issuance of license , approval must also be obtained from the following:
  - County/City Zoning Office (Please submit a copy of the approval letter)
  - Minnesota Department of Labor & Industry for plumbing (Please submit copy of the approval letter)
  - City Building Official (if applicable)

## Employee Training

Does your establishment have a sex trafficking employee training program in place for all employees that have direct contact with guests and /or guest rooms ?  
 (Minnesota Law requires this training for all establishments licensed as a hotel/motel)


- Yes, I have submitted the request to download the Sex Trafficking Prevention and Response Training supplied by MDH and have received the training package.
- Yes, I have my own training materials. ( All Non-Minnesota Department of Health training materials must have prior review and approval from MDH. Please provide the MDH approval letter)
- No ( [Click here](#) to register for the MDH training material or go to the MDH website and search "Sex Trafficking")
- No, I will not be licensed as a hotel/motel and therefore not required to participate in the training.

# New/Used Equipment Schedule Form

Submit manufacturer specifications sheet for each piece of equipment.

*Used or existing equipment will be field approved prior to installation by the plan reviewer or public health sanitarian.*


MANUFACTURER



HAND SINKS  
WALL MOUNT HAND SINKS

MODEL: \_\_\_\_\_
PROJECT: \_\_\_\_\_
ITEM #: \_\_\_\_\_
QTY: \_\_\_\_\_

**PRODUCT IMAGES**



**STANDARD FEATURES**

- Fabrication: 20 gauge stainless steel. All seams tig welded and polished
- Bowl: Deep drawn with stamped rim to prevent spillage
- Wall Mounting Bracket: Offset design for added strength
- Faucet: 4" on center wall mount faucet included on HS-22, HS-26 & HS-30
- Electronic Faucet (HS-11, HS-12, HS-13): Solid brass heavy-duty faucet. Operates on 6V battery with 1-3 year battery life based on usage. Built-in low battery indicator light.

SPECIFICATIONS

Example of Specification Sheet:

MODEL

Item # (from plan)	Quantity	Equipment	Manufacturer	Model	Listing Agency
Example "101"	1	Range	Cleveland	CM48	NSF

Please fill in the finish information for each applicable area:

## Finish Schedule

- FRP—Fiberglass Reinforced Panel
- QT—Quarry Tile
- CT—Ceramic Tile
- VCT—Vinyl Composition Tile
- SS—Stainless Steel
- PT—Semi-Gloss Paint

Room #:	Finish Area:	Walls:	Ceiling:	Floor/Basecove:
Example "101"	Janitor Closet	FRP	Smooth vinyl tiles	Quarry tiles/quarry tile cove base
	Janitor Closet			
	Dishwashing			
	Storage Areas			
	Restrooms			
	Common Areas (Hallways / Lobby)			
	Waste & Recycling Area			

Water heater model and size? Model \_\_\_\_\_ Size \_\_\_\_\_

(Location of water heater must be on the layout)

Will coffee pots be included in each room? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what will be the method for washing them? \_\_\_\_\_