

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:

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St. Peter, MN 56082
Phone: 507-934-7089 Fax: 507-934-7170

Plan Review Application—Remodel or Addition Food and/or Beverage Service Establishments
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

Seating Capacity: 50 or less 50-175 more than 175

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? _____

Owner Information:

Owner's Name: _____

Mailing Address: _____
Street/PO Box City State Zip

Contact Phone #: _____ Cell Phone #: _____ Email Address: _____

Contractor/Architect/Engineer Information:

Name or Company: _____

Mailing Address: _____
Street/PO Box City State Zip

Business Phone #: _____ Fax #: _____ Email Address: _____

Contact Name: _____ Cell Phone #: _____

Variance - A variance from some parts of Minnesota Rule 4626 may be applied for.

For Office Use Only:
Date Received:

Completion of entire application is REQUIRED.

New Construction of Food and/or Beverage Service Establishment. (See Category Definitions below)

Plan Review Fee:

Additional Food Service	\$ 170.00	_____
Beverage Only Establishment	\$ 170.00	_____
Service Kitchen	\$ 50.00	_____
Limited Food Menu or Low Risk School	\$ 80.00	_____
Small Establishment or Medium Risk School	\$ 170.00	_____
Medium Establishment or High Risk School	\$ 315.00	_____
Large Establishment	\$ 360.00	_____
Seasonal Permanent	\$ 75.00	_____
Seasonal Temporary	\$ 75.00	_____
Mobile Food Unit/Food Cart	\$ 75.00	_____

For Office Use Only:

Date Received _____

Check Number _____

Total Plan Review Fee Submitted \$ _____

2019 License Category Definitions

AFS – Additional Food Service – means a location at a food service establishment, other than the primary food preparation and service area used to prepare or serve food and/or beverages to the public.

BE – Beverage Only Establishment – an establishment that serves only non-alcoholic beverages; No food is served except packaged snacks like chips pretzels, or nuts.

LF – Limited Food – a food establishment that provides one of the following:
 A pre-packaged food that may or may not receive heat treatment and is served in the package,
 Serves frozen packaged pizza that is heated and served,
 Continental breakfast items such as rolls, coffee, juice, milk and/or cold cereal, or
 Serves and/or cuts fresh fruit for service.

FC – Food Cart - Means a food and/or beverage service, which is a non-motorized vehicle self propelled by the operator.

LE – Large Establishment - food service that uses a range, oven, steam table, salad bar, more than one deep fat fryer or grill, more than two hot holding containers or serves a full menu selection an average of five or more days per week or serves over 100 people daily, or caters over 300 meals per day.

ME – Medium Establishment - food service that uses a range, oven, steam table, salad bar more than one deep fat fryer or grill, more than two hot holding containers and serves more than 50 people daily, or caters.

MFU – Mobile Food Unit- a food and beverage service which is a vehicle mounted unit, either motorized or trailered, operating no more than 21 days annually at any one place or is operated in conjunction with a permanent business at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.

SK – Service Kitchen - a facility with an approved kitchen that is occasionally used to prepare and serve food for public events such as weddings, or a site where food is delivered and served to clients (i.e. assisted living and senior dining sites, or childcare sites).

SE – Small Establishment - food service with no salad bar, equipment not exceeding one deep fat fryer, one grill, two hot holding containers/ microwaves, or service of dipped ice cream/soft serve frozen desserts, or breakfast service in a bed and breakfast or boarding establishments. NO catering and serve less than 50 people daily.

SFS – School Food Service- learning institutions with full kitchens and/or commissaries categorized by risk level:

- Low Risk – all food prepared off site
- Medium Risk – majority of foods prepared off site but provide limited foods (i.e. salad bar)
- High Risk <100 students – all food prepared on site, less than 100 students
- High Risk – all food prepared onsite, more than 100 students
- High Risk Extended hours – all food prepared onsite, open more than 6 hours per day

SPFS – Seasonal Permanent Food Service - a food and beverage service which is a permanent stand or building, but which operates no more than 21 days annually.

STFS – Seasonal Temporary Food Service - a food and beverage service stand which is disassembled and moved from location to location, but which operates no more than 21 days annually at any one location.

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, storage areas, wait stations, bars, toilet rooms, janitor areas, dry storage areas, 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 proposed menu; including any off site / banquet or catered items
- A description of the project
- Equipment types with model numbers and /or manufacturer's specification sheets
- One complete set of elevations and drawings for all custom equipment
- 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 Health and Training

1. Does your establishment have a food safety employee training program in place?
 - Yes (Please provide this office a copy of all training materials)
 - No (Our office provides food safety training materials upon pre-operational inspection)
2. Does your establishment have a written employee illness policy to exclude ill food workers?
 - Yes (Please provide this office a copy of the policy)
 - No (Our office provides an Employee Illness Agreement, a Management Reporting Agreement, and an Employee Illness Log upon pre-operational inspection)

3. Who will be the Certified Food Protection Manager (CPFM) for this establishment?

Name: _____

CPFM #: _____ Expiration Date: _____

**MN Food Code 4526.0033 states that a food establishment shall employ a certified food protection manager within 60 days of opening. Limited Food, Service Kitchens and Special Event Food Stands are exempt.*

4. Who will be the designated Person (s) in Charge?

Name (s): _____

New/Used Equipment Schedule Form

Submit manufacturer specifications sheet for each piece of equipment.

Example of Specification Sheet:

Manufacturer →

Specifications →



Specification Sheet

Short Form Specifications

Eagle Hand Sink, model HSA-10. Constructed of type 304 stainless steel, all-welded with deep-drawn positive drain sink bowl, inverted "V" edge to prevent spillage and basket drain. Unit less faucet.

Eagle Hand Sink, model HSA-10-F. Features the same as sink #HSA-10, plus splash mounted gooseneck faucet.

Eagle Hand Sink, model HSA-10-FA. Features the same as sink #HSA-10, plus p-trap, tailpiece, and splash mounted gooseneck faucet.

Eagle Hand Sink, model HSA-10-FAW. Features the same as sink #HSA-10, plus p-trap, tailpiece, and splash mounted gooseneck faucet with wrist handles.

Eagle Hand Sink, model HSA-10-FL. Constructed of type 304 stainless steel, all-welded with deep-drawn positive drain sink bowl, inverted "V" edge to prevent spillage, polymer lever drain, and splash mounted gooseneck faucet.

Eagle Hand Sink, model HSA-10-F0. Features the same as sink #HSA-10-FL, plus polymer lever drain includes overflow.

Item No.: _____
Project No.: _____
S.I.S. No.: _____

Traditional Hand Sinks

MODELS:

- HSA-10
- HSA-10-F
- HSA-10-FAW
- HSA-10-FA
- HSA-10-FL
- HSA-10-F0

Model →

Design & Construction Features

- Heavy gauge type 304 stainless steel all-welded construction.
- Inverted "V" edge rim retards spillage.
- Unique deep-drawn positive-drain bowl assures complete drainage to meet the most stringent health code requirements.
- Water inlet: ½" (13mm) NPT.
- Drain outlet: 1½" (38mm) NPS.
- Six models to choose from.

Options / Accessories

- P-trap
- Tail piece
- End splashes
- Front skirt
- Side mount wall bracket
- MICROGARD® antimicrobial protection

* For hand sinks #HSA-10, HSA-10-F, HSA-10-FA, and HSA-10-FAW



#HSA-10-F

EAGLE GROUP
100 Industrial Boulevard, Clayton, DE 19938-8903 USA
Phone: 302-653-3000 • Fax: 302-653-2065
www.eaglegrp.com


Foodservice Division: Phone 800-441-8440
MHC/Retail Display Divisions: Phone 800-637-5100


For custom configuration or fabrication needs, contact our SpecFAB® Division.
Phone: 302-653-3000 • Fax: 302-653-3091 • e-mail: specfab@eaglegrp.com

EG20.40 Rev. 01/11


Listing Agency →

Certifications / Approvals

Intertek





MN Food Code 4626.0506 states the following equipment must be certified for sanitation by an American National Standards Institute (ANSI) accredited certification program:

(1) manual warewashing sinks	(2) mechanical warewashing equipment
(3) mechanical refrigeration units except for units or equipment designed and used to maintain food in a frozen state	
(4) walk in freezers	(5) food hot-holding equipment
(6) cooking equipment, except for microwave ovens and toasters	
(7) ice machines	(8) mechanical slicers
(9) mechanical tenderizers and grinders	
(10) food preparation surfaces including sinks used for food preparation	

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New/Used Equipment Schedule Form

(Photographs of equipment suggested)

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

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

Finish Schedule

Please fill in the finish information for each applicable area:



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"	Kitchen	FRP/stainless steel behind cooking equipment	Smooth vinyl tiles	Quarry tiles/quarry tile cove base
	Kitchen			
	Bar			
	Janitorial Station			
	Dry Storage			
	Wait Areas			
	Restrooms			
	Customer Self-Service Area			
	Dishwashing Area			

What will the wall finish be behind the cooking equipment?

Insulated stainless steel panels

Ceramic tile

What will the floor and base finish be inside of the walk in refrigeration?

Walk in cooler(s) Floor _____

Base _____

Walk in freezer(s) Floor _____

Base _____

Walk in keg cooler(s) Floor _____

Base _____

Water heater model and size? Model _____ Size _____

(Location of water heater must be on the layout)