

COMMUNITY ENVIRONMENTAL HEALTH PLAN REVIEW APPLICATION

INSTRUCTIONS AND BACKGROUND:

- **SEND THIS APPLICATION AND PLAN MATERIALS TO:** RamseyCEH@co.ramsey.mn.us or MAIL TO THE ADDRESS ABOVE.
- A FEE STATEMENT WILL BE SENT TO THE PERSON SUBMITTING PLANS AFTER A PRELIMINARY REVIEW OF THIS APPLICATION.
- THE PLAN REVIEW FEE PAYMENT MUST BE RECEIVED BY THIS DEPARTMENT BEFORE THE PLAN IS FORMALLY REVIEWED.
- MINNESOTA FOOD CODE ALLOWS 30 DAYS TO REVIEW THE PLAN FROM THE DATE ALL REQUIRED MATERIALS ARE RECEIVED.
- **CONSTRUCTION MUST NOT BEGIN UNTIL PLANS ARE APPROVED**, LATE FEES MAY BE ASSESSED FOR WORK DONE BEFORE APPROVAL.
- PLUMBING/ELECTRICAL/FIRE/BUILDING PERMITS ARE ISSUED SEPARATELY BY THE CITY OR [MN DEPT OF LABOR AND INDUSTRY](#).

ESTABLISHMENT INFORMATION

Name of New or Remodeled Establishment:			
Address of New or Remodeled Establishment:		City:	State: MN
		Zip Code:	
Name of Owner (use corporation name if applicable):		Attention:	
Email:		Phone:	
Type of Project (check one): <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel of Establishment <input type="checkbox"/> Equipment Review <input type="checkbox"/> Existing Space Pre-licensing Consultation			
Type of Establishment (check all that apply): <input type="checkbox"/> Food <input type="checkbox"/> Lodging <input type="checkbox"/> Manufactured Home Park <input type="checkbox"/> Other: _____			
Anticipated Project Start Date:		Anticipated Project Completion Date:	

CORRESPONDENCE

Name of Person Submitting Plans:	Title:	Phone:	Email:
Address:	City:	State:	Zip Code:

OTHERS TO RECEIVE CORRESPONDENCE REGARDING THIS PROJECT

Name:	Title:	Email:
Name:	Title:	Email:
Name:	Title:	Email:

PLAN REVIEW CHECKLIST

PLEASE INDICATE WHICH ITEMS HAVE BEEN SUBMITTED WITH THIS APPLICATION.

DELAY IN RECEIVING ITEMS APPLICABLE TO THIS PROJECT COULD DELAY THE APPROVAL FOR THE PLAN REVIEW.

YES	NO	SUBMITTED ITEMS
<input type="checkbox"/>	<input type="checkbox"/>	Proposed menu (and HACCP plan if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	One complete set of building plans
<input type="checkbox"/>	<input type="checkbox"/>	Equipment specification sheets for all equipment used for hot/cold holding, cooling, cooking, storage, preparation of food; as well as any ware washing equipment
<input type="checkbox"/>	<input type="checkbox"/>	Equipment layout plan and key for location of equipment (must include all food service equipment, sinks, ware washing facilities, toilet rooms, and all storage areas)
<input type="checkbox"/>	<input type="checkbox"/>	Finish schedule (floors, base cove, walls, & ceilings)
<input type="checkbox"/>	<input type="checkbox"/>	Elevation drawings and specifications for any cabinetry/counters used in food areas
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing layout plan
<input type="checkbox"/>	<input type="checkbox"/>	Electrical layout plan
<input type="checkbox"/>	<input type="checkbox"/>	Ventilation layout plan

GENERAL INFORMATION

Anticipated hours of operation:

	Opening Time	Closing Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

FOOD HANDLING PROCEDURES

COLD STORAGE	
Anticipated delivery frequency of refrigerated food:	Amount of space (cubic feet) for refrigerated food:
Anticipated delivery frequency of frozen food:	Amount of space (cubic feet) for frozen food:

HOT HOLD STORAGE
Foods that will be hot held prior to service:

COOKING
List the foods that will be cooked:
Is ventilation above cooking equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Hood type? <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2

COOLING	
Will there be hot food that is cooled? <input type="checkbox"/> Yes <input type="checkbox"/> No List items:	How will these items be cooled? (check all that apply) <input type="checkbox"/> Refrigeration units (walk-in, refrigerator, etc.) <input type="checkbox"/> Shallow Containers <input type="checkbox"/> Ice Bath <input type="checkbox"/> Rapid chill unit <input type="checkbox"/> Other (explain): _____
Will there be any pre chilled or room temperature food that is cooled? <input type="checkbox"/> Yes <input type="checkbox"/> No List items:	How will these items be cooled? (check all that apply) <input type="checkbox"/> Refrigeration units (walk-in, refrigerator, etc.) <input type="checkbox"/> Shallow Containers <input type="checkbox"/> Ice Bath <input type="checkbox"/> Rapid chill unit <input type="checkbox"/> Other (explain): _____

THAWING

Will you be thawing any food: ☐ Yes ☐ No
 List items:

How will these items be thawed? (Check all that apply)

- ☐ Under refrigeration
☐ Running water
☐ Microwave (as part of the cooking process)
☐ Cooked from frozen state
☐ Other (explain): _____

SPECIALIZED PROCESSING

Will you be using any specialized processes?

- ☐ Curing ☐ Smoking ☐ Vacuum Packaging ☐ Acidifying ☐ Fermenting ☐ N/A
☐ Other (explain): _____

Reminder to include HACCP plan with menu

DRY STORAGE

Anticipated delivery frequency for dry storage:

Amount of space for dry storage (square feet):

WARE WASHING INFORMATION

What type of ware washing will be used? ☐ Manual ☐ Mechanical ☐ Both

<p>Manual</p>	<p>Number of sink compartments: Manufacturer and model number: Fits the largest piece of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, provide a written procedure with this application for washing the pieces of equipment that will not fit in machine or sink.</i></p>
<p>Mechanical</p>	<p>Manufacturer and model number: Sanitizing system? <input type="checkbox"/> Hot water <input type="checkbox"/> Chemical Ventilation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, hood type? <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</p>

FINISH SCHEDULE (FILL OUT IF NOT PROVIDED SEPARATELY)

Area/room	Floors	Cove	Wall	Ceiling
Food prep area				
Bar area				
Food storage				
Other storage				
Ware-washing area				
Garbage & Refuse				

Area/room	Floors	Cove	Wall	Ceiling
Service Sink				
Toilet rooms				
Dressing rooms				
Other:				
Other:				
Other:				
Other:				
Other:				

PLUMBING WASTE DRAINAGE (SEE NOTE ON TOP OF PAGE 1 ABOUT PLUMBING APPROVALS)

PLUMBING/SEWAGE DISPOSAL (CHECK ALL WASTEWATER DRAINAGE TYPES THAT APPLY)			
Plumbing Fixture	Indirect Waste		Direct Waste
	Floor sink	Floor drain	
Manual ware washing sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food prep sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ware washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOT WATER SUPPLY

What type of water heater will be used? ☐ Tank ☐ Tankless ☐ Both

WATER HEATER INFORMATION (PROVIDE AS APPLICABLE)	
TANK	Manufacturer & model: Storage capacity (gallons): Heat input rating (BTU):
TANKLESS	Manufacturer & model: Flow rate (Gallons Per Minute): Heat input rating (BTU):

RECYCABLES/REFUSE

Will refuse/garbage be stored inside? ☐ Yes ☐ No

If yes, where? _____.

Refuse will be disposed of in a ☐ Dumpster ☐ Compactor ☐ Both

Will grease storage containers be used? ☐ Yes ☐ No

If yes, where? _____.

Will there be an area to store recyclables? ☐ Yes ☐ No

If yes, where? _____.

Will there be an area to store organics waste/food scraps? ☐ Yes ☐ No

If yes, where? _____.



EMPLOYEE AREAS/DRESSING ROOMS

Are employees required to change into uniforms? ☐ Yes ☐ No

Are dressing rooms provided? ☐ Yes ☐ No

Identify the storage area for employees' personal belongings: _____.

PROJECT DESCRIPTION

BRIEFLY DESCRIBE IF NEW CONSTRUCTION OR REMODEL PROJECT

END OF PLAN APPLICATION

INSPECTOR USE ONLY				
License type code(s):			Fee Adjustments: <input type="checkbox"/> Late Fee	
Establishment Type: <input type="checkbox"/> Food		<input type="checkbox"/> Lodging	<input type="checkbox"/> MHP/RCA	<input type="checkbox"/> Youth Camp
Plan Review Type: <input type="checkbox"/> Full		<input type="checkbox"/> <50%	<input type="checkbox"/> Equipment Only	<input type="checkbox"/> Pre-licensing Consultation
Reviewing Inspector:		Date:	License Application Also Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:				
ADMIN USE ONLY				
Date Received:	Invoice Amount:	DHD License #:	Fee Statement #:	Entered By: