

## COMMUNITY ENVIRONMENTAL HEALTH PLAN REVIEW APPLICATION

### INSTRUCTIONS AND BACKGROUND:

- **SEND THIS APPLICATION AND PLAN MATERIALS TO:** [RamseyCEH@co.ramsey.mn.us](mailto: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		

### 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: