

APPLICATION FOR PLAN REVIEW

Saint Paul - Ramsey County Public Health - Environmental Health Section

2785 White Bea	r Avenue, Suite	#350, Maplew	/ood, MN	55109-1320
Phone:	651-266-1199	Fax:	651-266-1	177

Name of New or Remodeled Establishment:								
Address of New or Remodeled Establishment:			City:					
Name of Owner (use corporation name if applicable):			Attention:					
Mailing Address:		City & ZIP:	Telepho (Telephone: ()				
E-Mail Address:								
Name of Person Submitting Plans: Title:								
Business Name & Add	ress:							
E-mail address:	E-mail address: Telephone: ()							
Others to Receive Correspondence Regarding This Project:								
Name:	Title	e:	Email Address:					
Name:	Title:		Email Address:					
Type of Project (Check One):								
New Construction Remodeling of Existing Licensed Facility Facility or Equipment Review								
Type of Establishment (Check One):								
Bakery	Coffee Shop	Grocery Store	Restaurant	Theatre				
🗇 Bar	Continental Breakfast	Ice Cream Store	Restaurant w/Bar	Youth Camp				
Cafeteria	Convenience Store	Lodging Facility	School Kitchen	□ Other:				
Catering	🗆 Day Care	Mfg Home Park	Snack Stand					
Concession Stand	🗆 Deli	Meat Market	Take-Out Food with no Seating					
			1	1				

The following information must be submitted with this application:

- One complete set of building plans, including room finish schedule, equipment layout, plumbing, & mechanical plans.
- Food service equipment specifications and installation requirements, including manufacturer name & model number.
- (Specification sheets on compact disc are acceptable and encouraged when possible).
- Complete menu of all foods and beverages to be prepared and/or served. Identify any foods that contain raw or partially cooked meat, seafood, poultry, eggs, etc.
- Plan review fee (check payable to "Ramsey County") \$_____

Plans cannot be reviewed until all information is received.

Certification Statement:

I hereby request that the plans and specifications for the establishment named above be promptly reviewed. I hereby state all information required to complete the plan review are attached. I understand the information stated on the plans and specifications to be an accurate description of the final, completed establishment. I agree any changes in construction from the approved plans must be submitted for further review and approval by the Department of Public Health. I agree to notify the Department of Public Health at least 15 days prior to opening this establishment for business.

Signature		Printed Name		Date
FOR OFFICE USE ONLY:				
Date Received: / //	License Category:	Plan Review Fee: \$	Fee Paid: \$	Check #
Sanitarian / Date: / Receipt #	Account #	Aspen Inv	DHD Inv _	
Date Payment Posted:	_ Deposit ID #	Entered by:		
D I Louisense				