



Horizon Environmental Health
Serving Douglas & Pope Counties
809 Elm Street, Suite 1200
Alexandria, MN 56308
320.762.3025 Fax
horizonpublichealth.org

Doug Breitzkreutz, Registered Sanitarian
320.763.4437 Office 320.808.4289 Cell

Brandon Klein, Registered Sanitarian
320.762.2986 Office 320.808.7759 Cell

**FOOD OR BEVERAGE FACILITY PLANS AND SPECIFICATIONS
REQUIRED INVENTORY**

Establishment Name: _____

_____ **FLOOR PLANS/BLUEPRINTS**
Equipment location

_____ **ROOM FINISH SCHEDULE**
Walls, floors, ceiling

_____ **EQUIPMENT LISTING**
Manufacturer and model numbers

_____ **INTENDED MENU**

_____ **CITY/COUNTY ZONING APPROVAL**

_____ **STATE OF MN CERTIFIED FOOD MANAGER**

_____ **PLUMBING PLANS SUBMITTED TO MN DEPT OF LABOR & INDUSTRY, PLUMBING &
ENGINEERING UNIT**

_____ **PLAN REVIEW APPLICATION FORM**

_____ **PLAN REVIEW FEE**
-New construction - \$520.00
-All other (remodeling, limited food service, mobile food unit) - \$345.00

SUBMIT ALL THE ABOVE ITEMS TO:
Horizon Environmental Health
809 Elm Street, Suite 1200
Alexandria, MN 56308
320-763-4437

PLUMBING PLANS MUST ALSO BE SUBMITTED TO:
Minnesota Department of Labor & Industry
Plumbing and Engineering Unit
443 Lafayette Road North
St. Paul, MN 55155-4343
651-284-5067

***All plans and specifications must be submitted to this office AT LEAST 30 DAYS
PRIOR TO STARTING CONSTRUCTION.***



Horizon Environmental Health
Serving Douglas & Pope Counties
 809 Elm Street, Suite 1200
 Alexandria, MN 56308
 320.762.3025 Fax
horizonpublichealth.org

Doug Breitzkreutz, Registered Sanitarian
 320.763.4437 Office 320.808.4289 Cell

Brandon Klein, Registered Sanitarian
 320.762.2986 Office 320.808.7759 Cell

Plan Review Application

Check One: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> Conversion		
Type of Project (check all that apply):		
<input type="checkbox"/> Food Service/Restaurant	<input type="checkbox"/> Alcohol/Beverage Service	<input type="checkbox"/> Mobile Food Unit
<input type="checkbox"/> Catering	<input type="checkbox"/> Food Cart	<input type="checkbox"/> Seasonal Permanent Food Stand
<input type="checkbox"/> Mobile Home Park - number of sites: _____	<input type="checkbox"/> Recreational Camping Area - number of sites: _____	<input type="checkbox"/> Lodging/Hotel/Motel - number of units: _____
Seating Capacity: (Food/Alcohol/Beverage Service Only) <input type="checkbox"/> 50 or less <input type="checkbox"/> 50-175 <input type="checkbox"/> More than 175		
Check All That Apply: <input type="checkbox"/> Private Water <input type="checkbox"/> Private Sewer <input type="checkbox"/> Municipal Water <input type="checkbox"/> Municipal Sewer		
If private water/sewer, indicate contractor(s): _____		
Establishment Information and Location		
Establishment Name: _____		
Establishment Address (physical location): _____		County: _____
Establishment Phone Number: _____		
Proposed date for start of construction: _____ Proposed date for completion of project: _____		
Owner Information		
Owner Name: _____		
Owner Address (mailing address): _____		
Owner Phone Number: _____		
Owner Signature: _____ The above signature indicates that I understand failure to submit the required information and fees will delay or stop the plan review and licensure process. I understand that it is my responsibility to submit all required fees and necessary information before licensure can be obtained.		
Submit complete set of plans to: Horizon Environmental Health, 809 Elm Street, Suite 1200, Alexandria, MN 56308. Plan review will not begin until this office receives all necessary information. Failure to submit plans and appropriate fees for new construction or remodeling will not prevent the fees from being collected. In addition, any construction not meeting code will have to be corrected prior to opening. To avoid delay of your project, please include the following items, at least 30 days before construction:		
<input type="checkbox"/> Complete set of plans (site plans/blueprints) <input type="checkbox"/> City/County Zoning Approval including septic plan approval from Land & Resource Management/Zoning, as well as a copy of the septic plans <input type="checkbox"/> Completed Plan Review Application Form <input type="checkbox"/> Plan Review Fee made payable to Horizon Public Health Fees: New Construction - \$520.00; All other (remodeling, mobile food unit, limited food service) - \$345.00 <input type="checkbox"/> All plumbing plans must be submitted to the Minnesota Department of Health for approval (see next page) <u>FOOD/BEVERAGE/ALCOHOL SERVICE ONLY:</u> <input type="checkbox"/> State of Minnesota Certified Food Manager – include copy of certificate <input type="checkbox"/> Proposed menu and functional floor plan indicating how food will be handled from the time it is received until served to the consumer; describe type of alcohol service if available <input type="checkbox"/> A layout of the equipment and sinks and the floor, wall and ceiling finishes for kitchen, bar and storage areas; <input type="checkbox"/> Type of shelving to be used in the kitchen, walk-in cooler and freezer, and storage room; and <input type="checkbox"/> Location and construction of all toilet room facilities, janitor’s room, and refuse storage room		

PLEASE TURN OVER AND REVIEW SIDE 2 OF PLAN REVIEW APPLICATION →

Additional Plan Submittal Information

1. Plumbing must be installed according to the Minnesota Plumbing Code. A separate bulleting covering the details of submitting plumbing plans is available. Please contact the Minnesota Department of Labor and Industry at 651-284-5067 for more plumbing plan review information. Information is also available online at <http://www.dli.mn.gov/CCLD/PlanPlumbing.asp> Submit all plumbing plans and fees to: Minnesota Department of Labor and Industry, Construction Codes and Licensing Division, Engineering and Plumbing Unit, 443 Lafayette Road North, St. Paul, MN 55155-4343. **A satisfactory plumbing inspection is necessary prior to licensing.**
2. Plans must be submitted for any individual sewage treatment system (private sewer system) to the local units of government responsible for septic system inspections; in Douglas County, contact Land & Resource Management at 320-762-3863 (located at the Douglas County Courthouse) and in Pope County contact Land & Resource Management at 320-634-5715 (located in the Pope County Courthouse). An individual sewage treatment system must be designed by a licensed sewer designer and installed by a licensed sewer installer. If the establishment is on municipal sewer services, please indicate this fact. A certificate of compliance or a copy of an approved septic system permit from the local authority is required.
3. The water supply for the establishment must comply with the rules governing public water supplies and water wells. Please indicate if the establishment obtains water from a municipal supply. Provide the unique well number for private wells and the location of the well on the property.
4. ***You must submit a plan review application with the required fees and all the requested plans and information 30 days prior to beginning construction. After your plans have been reviewed, you will receive a letter indicating any changes that need to be made and any concerns that have been noted. Construction may start only after you receive an approval letter.***
5. You must complete an application for licensure and submit along with the appropriate license fee (separate from the plan review fee) before you can open.
6. **Finally, you must contact the sanitarian for an on-site inspection at least 10 business days prior to opening the establishment (Minnesota Rules, part 4626.1750).** If the inspection is satisfactory, and you have submitted a license application and all required fees, you will be permitted to open.

***All plans and specifications must be submitted to this office
AT LEAST 30 DAYS PRIOR TO STARTING CONSTRUCTION.***

Note: An establishment is not allowed to open before an application for licensure is submitted and all required fees are paid (Minnesota Statutes, section 157.16).

Notice: The issuance of a dishonored check to this department will require a service charge as per Minnesota Statutes, section 604.113, subd. 2(a). Additional civil penalties may be imposed for nonpayment.

For Office Use Only:

Date Received: _____ Check #: _____ Amount: \$ _____ Received by: _____

