

Plan Review Application

Brown County Public Health

1117 Center Street

New Ulm, MN 56073-0543

Phone: 507-233-6820 Fax: 507-233-6819



Mail or Courier Drop-Off:

Brown County Public Health

1117 Center Street PO Box 543

New Ulm, MN 56073-0543

Phone: 507-233-6820 Fax: 507-233-6819

Plan Review Application—**NEW / EXPANSION** Manufactured Home Park and/or Recreational Camping Area

Submit a complete set of plans to the above address, at least 30 days before construction begins.

Check the Applicable Box Below:

☐ New License for Manufactured Home Park

Total # of Sites: _____

☐ New License for Recreational Camping Area

of Independent Camp sites: _____

(with sewer connection)

of Dependent Camp sites : _____

(tent or RV sites without sewer connection)

☐ Additional Sites for Manufactured Home Park

of Additional Sites: _____

☐ Additional Sites for Recreational Camping Area

of additional Independent Camp sites: _____

(with sewer connection)

of additional Dependent Camp sites : _____

(tent or RV sites without sewer connection)

Proposed date for start of construction: _____

Proposed date for completion of construction: _____

Park / Camp Information

Park / Camp Name: _____

Park / Camp Address: _____

Street/PO Box

City

State

Zip

County: _____ Email Address: _____

Business Phone # : _____ Website: _____

Type of Operation: ☐ Year Round ☐ Seasonal : months of operation: _____ to _____

Check All That Apply: ☐ Private Water ☐ Private Sewer ☐ Municipal Water ☐ Municipal Sewer

Specify the Number of Fixtures, if Provided:

	Flush Toilets	Privies	Showers	Urinals	Sinks
Men					
Women					

Is there a swimming pool or spa pool operated for public use on the premises? ☐ Yes ☐ No

Is there food and/or beverage service at the park/camp? ☐ Yes ☐ No

RCA's Only:

Is there camper cabins at the camp? ☐ Yes ☐ No

Manufactured Home Parks Only:

Date of Evacuation plan approval: _____

OR Date of Storm Shelter construction: _____

For Office Use Only:

Date Received: _____

Completion of entire application is REQUIRED.

Owner Information:

Owner's Name: _____

Mailing Address: _____
Street/PO Box City State Zip

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

Contractor/Architect/Engineer Information (if different from owner):

Name or Company: _____

Mailing Address: _____

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

Contact Name : _____ Cell Phone #: _____

Fee Schedule

New Construction/Expansion of MHP/RCA**Plan Review Fees for Manufactured Home Parks and Recreational Camping Areas:**

< 35 new sites = \$55.00 + # of new sites x \$6.25 \$ _____

Camper Cabins = number of camper cabins x \$11.00 \$ _____

> 35 new sites = \$105.00 + # of new sites x \$6.25 \$ _____

Camper Cabins = number of camper cabins x \$11.00 \$ _____

< 35 additional sites = \$55.00 + # of additional sites x \$6.25 \$ _____

> 35 additional sites = \$55.00 + # of additional sites x \$6.25 \$ _____

For Office Use Only:

Date Received: _____

Check Number _____

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 showing the boundaries of the entire tract of land upon which the MHP or RCA is to be located. Show locations of existing facilities including permanent buildings and dimensions; location of landforms on the property (waterfront, bluffs, wetlands, etc.); the location of all wells and on-site sewage treatment systems with distances between each system; water and sewer lines and electrical hook-ups with distances between each; locations of all roads and driveways, public and private; location of parking area; location and type of night lights; and any other pertinent information.
- ☐ Separate plumbing plans must be submitted for any new plumbing installations including all water and sewer lines and on-site sewage treatment systems, if provided. All plumbing must be installed in accordance with the Minnesota Plumbing Code. Contact the Department of Labor and Industry, Plumbing Unit, at 651-284-5063 for more information.
- ☐ A copy of the land use permit, zoning permit or statement from the local unit of government granting zoning approval for the use or expansion of the land as a MHP or RCA.
- ☐ The sewage treatment system must comply with all applicable state rules. Submit a copy of the certificate of compliance for new or existing system and/or the permit to install additional systems.