

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** Lodging Establishment

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

Establishment Information:

Establishment Name: _____

Establishment Address: _____
Street/PO Box City State Zip

County: _____ Email Address: _____

Business Phone #: _____ Website: _____

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

Hotel/Motel # of Rooms: _____ Board/Lodging # of Beds: _____ Bed & Breakfast # of Beds: _____

Proposed date for start of construction: _____

Proposed date for completion of construction: _____

Boarding and Lodging Establishments:

Are you registered for MN Statutes, section 157.17, Special Services? _____

Are you registered for MN Statutes, Chapter 144D, Housing with Services? _____

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

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: _____
Street/PO Box City State Zip

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

Contact Name: _____ Cell Phone #: _____

Completion of entire application is REQUIRED.

For Office Use Only:

Date Received: _____



BROWN COUNTY PUBLIC HEALTH

1117 CENTER STREET
PO BOX 543
NEW ULM MN 56073-0543
Phone (507) 233-6820 • Fax (507) 233-6819

New Construction of Lodging Establishment

Plan Review Fees for Lodging Facilities (Hotel, Motel, Lodging Establishments and Resorts):

< 25 Units	\$ 337.50	_____
25-100 Units	\$ 360.00	_____
>100 Units	\$450.00	_____

Total Plan Review Fee Submitted \$ _____

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 drawn to scale, easy to read, and including location and dimensions of equipment, hand sinks, ware washing equipment, toilet rooms, janitor areas, storage areas including chemical storage areas, equipment & utensil storage areas, clean & soiled linen storage and waste & recycling storage.
- ☐ Finish schedule for floors, base cove, walls and ceilings
- ☐ A written business plan defining your intended scope of business. (IE. Hours of operation, etc.)
- ☐ Equipment types with model numbers and /or manufacturer's specification sheets
- ☐ Sleeping room dimensions for lodging establishments including number of beds/rooms
- ☐ Counters and cabinetry information including cabinet construction and countertop finish
- ☐ Information on well (unique well number) and septic system (certification of compliance) for private systems (if applicable)
- ☐ Other information as requested by the Regulatory Authority
- ☐ Before a final inspection and issuance of license , approval must also be obtained from the following:
 - ☐ County/City Zoning Office (Please submit a copy of the approval letter)
 - ☐ Minnesota Department of Labor & Industry for plumbing (Please submit copy of the approval letter)
 - ☐ City Building Official (if applicable)

Employee Training

Does your establishment have a sex trafficking employee training program in place for all employees that have direct contact with guests and /or guest rooms ?

(Minnesota Law requires this training for all establishments licensed as a hotel/motel)

- ☐ Yes, I have submitted the request to download the Sex Trafficking Prevention and Response Training supplied by MDH and have received the training package.
- ☐ Yes, I have my own training materials. (All Non-Minnesota Department of Health training materials must have prior review and approval from MDH. Please provide the MDH approval letter)
- ☐ No ([Click here](#) to register for the MDH training material or go to the MDH website and search "Sex Trafficking")
- ☐ No, I will not be licensed as a hotel/motel and therefore not required to participate in the training.

New/Used Equipment Schedule Form

Submit manufacturer specifications sheet for each piece of equipment.

Used or existing equipment will be field approved prior to installation by the plan reviewer or public health sanitarian.

MANUFACTURER



HAND SINKS WALL MOUNT HAND SINKS

MODEL: _____ PROJECT: _____ ITEM #: _____ QTY: _____

PRODUCT IMAGES



STANDARD FEATURES

- **Fabrication**
20 gauge stainless steel. All seams tig welded and polished
- **Bowl**
Deep drawn with stamped rim to prevent spillage
- **Wall Mounting Bracket**
Offset design for added strength
- **Faucet**
4" on center wall mount faucet included on HS-22, HS-26 & HS-30
- **Electronic Faucet (HS-11, HS-12, HS-13)**
Solid brass heavy-duty faucet. Operates on 6V battery with 1-3 year battery life based on usage. Built-in low battery indicator light.

SPECIFICATIONS

Example of Specification Sheet:

MODEL

Item # (from plan)	Quantity	Equipment	Manufacturer	Model	Listing Agency
Example "101"	1	Range	Cleveland	CM48	NSF

Please fill in the finish information for each applicable area:

Finish Schedule

FRP—Fiberglass Reinforced Panel

QT—Quarry Tile

CT—Ceramic Tile

VCT—Vinyl Composition Tile

SS—Stainless Steel

PT—Semi-Gloss Paint

Room #:	Finish Area:	Walls:	Ceiling:	Floor/Basecove:
Example "101"	Janitor Closet	FRP	Smooth vinyl tiles	Quarry tiles/quarry tile cove base
	Janitor Closet			
	Dishwashing			
	Storage Areas			
	Restrooms			
	Common Areas (Hallways / Lobby)			
	Waste & Recycling Area			

Water heater model and size? Model _____ Size _____

(Location of water heater must be on the layout)

Will coffee pots be included in each room? No _____ Yes _____

If yes, what will be the method for washing them? _____