



# Environmental Health Plan Review Permit Application

		<i>Office use only</i>	
		Permit no.	
Site address		Date	
Tenant/building name		Suite/unit no.	
Applicant is <input type="checkbox"/> Architect/engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Owner		Condominium no.	

Business owner			
Name		Phone	
Address	City	State	Zip

Contractor			
Name		Email	
Address	City	State	Zip
Contact person	Phone	Cell phone	

Architect/engineer			
Name		Email	
Address	City	State	Zip
Contact person	Phone	Cell phone	

Class of work			
<i>Check one only</i>	<input type="checkbox"/> 1 New	<input type="checkbox"/> 2 Addition	
	<input type="checkbox"/> 3 Alteration/remodel	<input type="checkbox"/> 4 Maintenance/repair/replace	

Type of structure			
<i>Check one only</i>	<input type="checkbox"/> 01 Single-family residential	<input type="checkbox"/> 45 Recreational, amusement	
	<input type="checkbox"/> 02 Single-family connected to single family	<input type="checkbox"/> 46 Other non-housekeeping shelter	
	<input type="checkbox"/> 03 Residential garage	<input type="checkbox"/> 65 Industrial buildings	
	<input type="checkbox"/> 30 Two-family residential	<input type="checkbox"/> 70 Public works and utilities building	
	<input type="checkbox"/> 31 Three-four family residential	<input type="checkbox"/> 80 Public schools	
	<input type="checkbox"/> 32 Multiple-family residential	<input type="checkbox"/> 81 Private schools	
	<input type="checkbox"/> 40 Offices, banks, professional	<input type="checkbox"/> 85 Churches and religious buildings	
	<input type="checkbox"/> 41 Stores, restaurants, warehouse	<input type="checkbox"/> 88 Hospitals and institutional buildings	
	<input type="checkbox"/> 42 Hotels, motels	<input type="checkbox"/> 93 Other non-residential building	
	<input type="checkbox"/> 43 Parking garage	<input type="checkbox"/> 95 Fences, signs, antennas	
	<input type="checkbox"/> 44 Service stations and repair garage	<input type="checkbox"/> 96 Other non-building structures	

Project details	
Description of work to be done _____	
_____	

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I hereby apply for a food establishment equipment permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building/Health Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Do not write below this line**

**Food services**

	Food Service or Retail Food Establishments	School/Daycare/ Preschool/Food Shelf	Supplements
Type 1	<input type="checkbox"/> \$1,156	<input type="checkbox"/> \$578	High _____ X <input type="checkbox"/> \$230 = \$ _____
Type 2	<input type="checkbox"/> \$930	<input type="checkbox"/> \$465	Medium _____ X <input type="checkbox"/> \$174 = \$ _____
Type 3	<input type="checkbox"/> \$578	<input type="checkbox"/> \$289	Low _____ X <input type="checkbox"/> \$115 = \$ _____
Type 4	<input type="checkbox"/> \$348	<input type="checkbox"/> \$174	Catering facility <input type="checkbox"/> \$174
Type 5	<input type="checkbox"/> \$230	<input type="checkbox"/> \$115	Catering vehicle <input type="checkbox"/> \$174
Food equipment upgrade/replacement or onsite consultation	<input type="checkbox"/> \$205		
HACCP New Plan Review fee	<input type="checkbox"/> \$225		
Plan Review New or >50% remodel: fee equal to twice the annual license fee (based on license type)			\$ _____
Plan Review <50% remodel: fee equal to annual license fee (based on license type)			\$ _____

**Hotel, motel and lodging**

Number of rooms: \_\_\_\_\_ X \$10.25 = \$ \_\_\_\_\_

Plan Review New or >50% remodel: fee equal to annual license fee \$ \_\_\_\_\_

Plan Review <50% remodel: fee equal to 1/2 annual license fee \$ \_\_\_\_\_

**Lodging House (>5 regular roomers - no food provided)**

5-25 beds = \$231, 26 or more beds = \$231 plus \$10.25 for each additional bed

Plan Review New or >50% remodel: fee equal to annual license fee \$ \_\_\_\_\_

Plan Review <50% remodel: fee equal to 1/2 annual license fee \$ \_\_\_\_\_

**Small Boarding House (5-10 beds)**

Plan Review New or >50% remodel: fee equal to annual license fee  \$231

Plan Review <50% remodel: fee equal to 1/2 annual license fee  \$115.50

**Large Boarding House**

11-25 beds = \$231, 26 or more beds = \$231 plus \$10.25 for each additional bed

Plan Review New or >50% remodel: fee equal to annual license fee \$ \_\_\_\_\_

Plan Review <50% remodel: fee equal to 1/2 annual license fee \$ \_\_\_\_\_

**Additional services**

	Body Art	Massage	Tanning
Plan Review New or >50% remodel: fee equal to annual license fee	<input type="checkbox"/> \$656	<input type="checkbox"/> \$250	<input type="checkbox"/> \$123
Plan Review <50% remodel: fee equal to 1/2 annual license fee	<input type="checkbox"/> \$328	<input type="checkbox"/> \$125	<input type="checkbox"/> \$61.50

**Public Swimming Pools**

Replacing equipment, fencing, decking or areas not requiring plan review by the State

Remodel > 50% = equal to annual license  \$354

Remodel < 50% = equal to 1/2 annual license  \$177

Expedited plan review: fee is double the plan review fee \$ \_\_\_\_\_ Total fees: \$ \_\_\_\_\_

Other fees?  Yes  No Describe \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date