



Environmental Health Plan Review Permit Application

Office use only

Permit no. PREHP20

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

- Check one only
- | | |
|---|---|
| <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

- Check one only
- | | |
|--|---|
| <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"/> \$1,200	<input type="checkbox"/> \$600	High _____ X <input type="checkbox"/> \$238 = \$ _____
Type 2	<input type="checkbox"/> \$966	<input type="checkbox"/> \$483	Medium _____ X <input type="checkbox"/> \$181 = \$ _____
Type 3	<input type="checkbox"/> \$600	<input type="checkbox"/> \$300	Low _____ X <input type="checkbox"/> \$119 = \$ _____
Type 4	<input type="checkbox"/> \$362	<input type="checkbox"/> \$181	Catering facility <input type="checkbox"/> \$181
Type 5	<input type="checkbox"/> \$238	<input type="checkbox"/> \$119	Catering vehicle <input type="checkbox"/> \$181
Food equipment upgrade/replacement or onsite consultation	<input type="checkbox"/> \$214		
HACCP New Plan Review fee	<input type="checkbox"/> \$234		
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 \$10.75 = \$ _____

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 = \$240, 26 or more beds = \$240 plus \$10.75 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 \$240

Plan Review <50% remodel: fee equal to 1/2 annual license fee \$120

Large Boarding House

11-25 beds = \$240, 26 or more beds = \$240 plus \$10.75 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"/> \$683	<input type="checkbox"/> \$255	<input type="checkbox"/> \$127.50
Plan Review <50% remodel: fee equal to 1/2 annual license fee	<input type="checkbox"/> \$341.50	<input type="checkbox"/> \$127.50	<input type="checkbox"/> \$63.75

Public Swimming Pools

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

Remodel > 50% = equal to annual license \$370

Remodel < 50% = equal to 1/2 annual license \$185

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

Other fees? Yes No Describe _____ Amount \$ _____

Approved by

Date