



## PLAN REVIEW APPLICATION

Anoka County Public Health and Environmental Services Department Anoka County  
Government Center  
2100 Third Avenue, STE 600  
Anoka, Minnesota 55303-5041  
Telephone (763) 324-4260 EMAIL: [environmental.health@anokacounty.us](mailto:environmental.health@anokacounty.us)

The Anoka County Licensing Ordinance for Food and Lodging Establishments requires that complete plans and specifications be submitted to the Anoka County Public Health and Environmental Services Department prior to construction of any food, beverage or lodging establishment.

Complete plans and specifications must be submitted so that we can complete our plan review without causing needless delays to your construction and installation schedules. ***Plans must be submitted and approved before construction begins. Allow at least 30 business days for plan approval.*** A copy of the plan review letter will be emailed to the applicable building official upon completion of the review.

The plan review cannot be completed until all of the necessary information is submitted. To avoid delay of your project please include the following:

- **ONE** set of plans (total room layout, exterior dining, garbage and refuse areas, plumbing and mechanical plans, (ventilation and make-up air)
- One set of plans on 11x17 paper or submitted digitally
- Proposed menu
- Food Safety Plan (plan showing how food will be handled from receipt until served-procedures to insure safe food). A simple flow chart will do.
- Equipment layout
- Manufacturer specification sheets for all food, beverage and hot water generating equipment, including shelving for walk in refrigeration and storage areas
- Room finish schedule (see attached)
- Water Supply Information
- Sewage Disposal Information
- Lodging: sleeping room dimensions
- Completed plan review application
- Plan review fee

Plumbing must be installed according to the Minnesota Plumbing Code. Complete plans must be submitted to the appropriate municipality or the Minnesota Department of Labor and Industry whichever is appropriate.

Complete plans and specifications and plan review fee must be submitted to the Anoka County Public Health and Environmental Services Department for all individual sewage treatment systems. Sewage treatment systems must be designed by a licensed sewer designer and installed by a licensed installer.

The water supply must comply with the rules governing public water supplies and water wells. Provide the unique well number for private wells and the location on the property. A well survey for private wells is required before licensure.

The Environmental Services Department must be notified in advance when the project is ready for the appropriate construction notifications/inspections. Call Mark Emlaw at 763-324-4379 for Food Service questions and Kathy Held at 763-324-4332 for Lodging questions.

***In accordance with Minn. Stat. 604.113 and 609.535, dishonored checks are subject to a \$30 charge and, if not paid within 30 days, additional civil and criminal penalties.***



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| Check One Below                         |                           |
|---|---------------------------|
| Existing Home, upgrade to kitchen       | New Construction          |
| Type of Project (check all that apply)  |                           |
| Food Service                            | Alcohol/Beverage Service  |
| Catering                                | Seasonal Permanent Stand  |
| Mobile Food Unit                        | Food Cart                 |
| Lodging-Motel/Hotel                     | Lodging House             |
| Lodging-Resort                          | Lodging Congregate Living |
| Check All That Apply                    |                           |
| Private Septic System                   | Municipal Sewer           |
| Private Well                            | Municipal Water           |
| Facility Site Information and Location  |                           |
| Facility Name:                          |                           |
| Facility Street Address:                |                           |
| City:                                   | MN Zip:                   |
| Facility Owner Information (Licensee)   |                           |
| Name:                                   |                           |
| Mailing Address (city, state, zip):     |                           |
|   |                           |
| Phone:                                  |                           |
| Email:                                  |                           |
|   |                           |
| Submitter Information                   |                           |
| Name:                                   |                           |
| Company:                                |                           |
| Mailing Address (city, state, zip):     |                           |
|   |                           |
| Phone:                                  |                           |
| Email:                                  |                           |
|   |                           |
| Plan review letter should be mailed to: |                           |
|   |                           |

| Fee Schedule 2020/2021   |                            |
|--|----------------------------|
| Fees may be submitted using a credit card via phone or a check payable to : Anoka County-ES  |                            |
| Choose all that apply:   | Submit all fees applicable |
| <b>New Construction of:</b><br><input type="checkbox"/> Restaurant Food Service<br><input type="checkbox"/> School/Childcare   | Call for fees              |
| <b>New Construction of:</b><br>Food service with bar service   | Call for fees              |
| <b>New Construction of:</b><br>Catering Food Vehicle<br>Unopened, pre-prepared, pre-wrapped food service<br>Limited food service-(continental breakfast, pre-defined concession type items, soft drinks)<br>Seasonal permanent food stand or food cart | Call for fees              |
| <b>New or Remodeled Construction of:</b><br><br>Hotel/motel-number of units _____<br><br>Lodging House number of residents _____<br><i>*be sure to include sleeping room dimensions on submitted plans.</i><br><br>Congregate Living<br><br>Resort     | Call for fees              |
| <b>Remodel:</b><br>Any of the above  |                            |
| <b>Construction Schedule:</b><br><br>Proposed Start Date: _____<br>Completion Date: _____  |                            |

| Office Use Only          |             |                              |       |               |
|--------------------------|-------------|------------------------------|-------|---------------|
| Plans rec'd:             | Fees rec'd: | Check Number or Credit Card: |       |               |
| Variance:                | Date:       | Comment:                     |       |               |
| Conditions:              | Date:       | Comment:                     |       |               |
| Class:                   | Size:       | Risk:                        | Well: | Septic system |
| Additional information:  |             |                              |       |               |
| Date License Authorized: |             | EHS Initials:                |       |               |



**PLAN REVIEW ROOM FINISH SCHEDULE**  
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FRP=Fiberglass Reinforced Plastic  
 QT=Quarry Tile  
 CT=Ceramic Tile  
 SS=Stainless Steel  
 PT=Epoxy Paint  
 GYP = Sheetrock

**ROOM FINISH SCHEDULE**

| Room No     | Room Name   | Floor Material | Cove Base Material | Walls    |        |        |          |        |        | Ceiling  |        |        | Comments                  |
|-------------|-------------|----------------|--------------------|----------|--------|--------|----------|--------|--------|----------|--------|--------|---------------------------|
|             |             |                |                    | Top      |        |        | Bottom   |        |        | Material | Finish | Height |                           |
|             |             |                |                    | Material | Finish | Height | Material | Finish | Height |          |        |        |                           |
| Example 110 | Toilet Room | CT             | CT                 | GYP      | Paint  | 4 ft   | GYP      | CT     | 4 ft   | GYP      | PT     | 8 ft   | 4 ft ceramic wainscot     |
| Example 101 | Kitchen     | QT             | QT                 | GYP      |        |        | GYP      | FRP    | 9 ft   | GYP      | VA     | 8 ft   | VA= Vinyl Coated Acoustic |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |
|             |             |                |                    |          |        |        |          |        |        |          |        |        |                           |