

***LODGING ESTABLISHMENT
PLAN REVIEW
APPLICATION TO BE
COMPLETED BY THE OWNER AND/OR
OPERATOR
AND SUBMITTED TO THE
LeSUEUR/WASECA BOARD OF HEALTH***

***Application must be submitted and
approved prior to beginning any new
construction or additions.***

LE SUEUR/WASECA BOARD OF HEALTH

1000 W ELM AVE

WASECA, MN 56093

Phone (507) 835-0657

Fax (507) 835-0687

LODGING ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____

____ Fee enclosed

____ NEW ____ ADDITION ____ REMODEL ____ CONVERSION

Name of Establishment: _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Plumbing

_____ Electric

_____ Planning and Zoning

_____ Building

(Zoning permit or statement of approval from Local Unit of Government for the intended land use)

_____ Fire

_____ Other ()

(Provide documentation of contact, approval, or inspection from local fire authority)

Number of Rooms: _____

Total Square Feet of Smallest Lodging Room: _____

Number of Floors on which operations are conducted _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Please submit the following documents:

_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)

_____ Plan drawn to scale of interior rooms and fire exit locations

_____ Completed Facility design forms (attached)

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

A. SLEEPING ROOMS:

1. Is the occupancy of each room indicated on the floor plan?
2. Are there any rooms under 70 square feet or 450 cubic feet?
3. What will be used to cover the floor?
 - a. Industrial strength low-pile carpet
 - b. Ceramic tile
 - c. Other easy to clean surface (please indicate) _____
4. What is the wall finish?
 - a. Painted sheetrock
 - b. Wallpapered sheetrock
 - c. Other cleanable surface (please indicate) _____

B. TOILET FACILITIES:

1. Will there be a bathroom provided for each sleeping room? YES NO
2. Are the location of the public restrooms noted on the floor plan? YES NONE
2. What will be used to cover the floor?
 - a. Ceramic tile
 - b. Other easy to clean surface (please indicate) _____
3. Is there an vent exhausting the toilet room? YES NO
4. What is the wall finish?
 - a. Painted sheetrock
 - b. Wallpapered sheetrock
 - c. Ceramic tile
 - d. Other cleanable surface (please indicate) _____
5. What is the ceiling finish?
 - a. Painted sheetrock
 - b. Nonporous ceiling tile
 - c. Other cleanable surface (please indicate) _____

C. AMMENITIES:

1. Will coffee pots be provided for each room? YES NO
 - a. If yes, how will they be cleaned between guests? _____
2. Will ice buckets be provided for each room? YES NO
 - a. If yes, choose one:
 - i. Liners be provided for the buckets
 - ii. Buckets will be washed using a three-compartment sink and approved sanitizer
 - iii. Buckets will be washed using an automatic dishwasher
3. Will any other food items be provided to guests? (Please list) _____

D. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?	()	()	()
2. Are screen doors provided on all entrances left open to the outside?	()	()	()
3. Do all openable windows have a minimum #16 mesh screening?	()	()	()
4. Is the placement of insect control devices identified on the plan?	()	()	()
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	()	()	()
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	()	()	()
7. Describe surface and location where dumpster/compactor/garbage cans are to be stored			
<hr/> <hr/> <hr/>			
8. Is there an area to store recycled containers?	()	()	()

Describe _____

Indicate what materials are required to be recycled;

- () Glass
- () Metal
- () Paper
- () Cardboard
- () Plastic

E. WATER SUPPLY

- 1. Is water supply public () or private () ?
- 2. If private, has source been approved? YES () NO () PENDING ()
Please attach copy of written approval and/or permit.
- 3. Is ice made on premises () or purchased commercially () ?
If made on premise, are specifications for the ice machine provided? YES () NO ()
Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation _____
- 4. What is the capacity of the hot water generator?

- 5. Is there a water treatment device? YES () NO ()
If yes, how will the device be inspected & serviced?

F. SEWAGE DISPOSAL

- 1. Is building connected to a municipal sewer? YES () NO ()
- 2. If no,
 - a. is private system plan submitted? YES () NO () PENDING ()
 - b. does private system have current Certificate of Compliance? YES () NO () PENDING ()

G. GENERAL

- 1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
YES () NO ()
Indicate location: _____

- 2. Are all containers of toxics including sanitizing spray bottles clearly labeled?
YES () NO ()
- 3. Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

4. Is a laundry dryer available? YES () NO ()

6. Location of clean linen storage: _____

7. Location of dirty linen storage: _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) _____

owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food and lodging establishments.