

**Bed & Breakfast
 Plan Review Application**

Establishment Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Owner: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

PLEASE READ CAREFULLY

Failure to provide all required items will result in delays to the plan review process. Please verify all items below are complete prior to submittal of a plan review. Plan review information will not be accepted without appropriate fee paid.

1. Floor plan of entire establishment to scale indicating location of all guest room, restrooms, laundry etc.
2. Does each room have 400 cubic feet of air space per occupant ____ YES ____ NO
3. Does each room that shall be occupied by one person contain 70 square feet of usable floor space, and rooms that will be occupied by more then one contain at least an additional 60 square feet of usable floor space per occupant.
4. Attach proposed menu and food equipment. Convenience Store(Sundry) & Continental Breakfast Only.
5. Attach room finish schedule.
6. Plan review fee paid. Check made payable to City of St. Cloud. Credit card payments are accepted at the City Hall cashier's window or via phone with a signed application.
7. Have you contacted the Building Safety Department regarding demolition, building, electrical and plumbing permits? ____YES ____NO

OFFICE USE ONLY

Date: _____ Receipt: _____ Amount Received: _____ Received by: _____

Plan Review Start Date: _____ Plan Review Completed: _____ Review Sent by: postal mail email

Approved By: _____ Risk: L M H TRAKit Code: _____

Equipment Schedule Form

<u>Item #</u> <u>(from Plan)</u>	<u>Quantity</u>	<u>Indicate: New,</u> <u>Used or Existing</u>	<u>Equipment</u>	<u>Manufacturer</u>	<u>Model #</u>
Ex. #45	1	New	Water Heater	(NAME)	CM48

Room Finish Schedule

<u>Room #</u>	<u>Room Name</u>	<u>Floor</u>	<u>Base Coving</u>	<u>Walls</u>	<u>Ceiling</u>
Ex.101	Bath Room	Ceramic Tile	Ceramic Tile	Painted Drywall	Panel

Fees:

Food Service = \$95

Lodging Service = \$105 _____ Number of rooms _____ (max of 5) **Total Due:** _____

Addition Licensing Information:

The City of St. Cloud requires additional licensing for restaurants, coffee shops, bars, retail food sales, and pools. Plan review and licensing forms can be found at:

<http://ci.stcloud.mn.us/989/Forms-Applications>

The State of Minnesota has many Care Facilities that are regulated by the Health Regulation Division within MDH, "Minnesota Health Care Facilities Programs". Please visit the following link for more information regarding the licensing process of those facilities:

www.health.state.mn.us/divs/fpc/index.html

Information and forms required to register as a "Housing with Services(HWS) Establishment" can be downloaded and completed by individuals and organizations seeking to acquire an initial registration at:

www.health.state.mn.us/divs/fpc/profinfo/lic/lichws.htm

Enclose

- A license fee made payable to the City of St. Cloud. Credit card payments are accepted at the City Hall cashier's window or via phone with a signed application. Contact staff at 320-255-7214 for assistance.
- All supporting documents (blue prints, equipment specification sheets, menu etc.)

I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating.

Signature _____ **Date** _____

Printed name _____

Relationship of applicant to facility: (check one) Owner Other _____