



**APPLICATION FOR LODGING
FACILITY PLAN REVIEW**

A. Name of Facility: _____
(Corporate and Outlet Name Where Appropriate)

1. Location of facility: _____

Address: _____

Telephone: _____

B. Name of responsible agent if other than owner: _____

1. Check most appropriate: ___ Operator ___ Contractor ___ Designer ___ Supplier

Other (specify): _____

2. Mailing Address: _____

3. Telephone: _____

C. Basic facility information: ___ New ___ Remodeled ___ Conversion

1. Number of rooms: _____

2. Capacity of facility: _____

3. Menu – if food items are to be provided: _____

D. Construction: Anticipated start date:_____

Completion date:_____

E. Signature of Applicant:_____

F. Date:_____

Before a Final Inspection and Issuance of License by the Washington County Department of Public Health and Environment to Operate a Lodging Facility, approval must also be obtained by the following:

Zoning:_____

Building:_____

Plumbing: Minnesota Department of Health
Engineering Unit
121 East Seventh Place, Suite 220
Saint Paul MN 55164
651-215-0836

Instructions: Please complete this application and return it along with the necessary plans, specifications and plan review fee to:

Washington County Public Health and Environment
PO Box 6
14949 62nd Street North
Stillwater MN 55082-0006
651-430-6655