

AITKIN COUNTY ENVIRONMENTAL SERVICES

209 Second Street NW, Room 118

Aitkin, MN 56431

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FOOD & BEVERAGE ESTABLISHMENT PLAN REVIEW REMODELING APPLICATION

Application must be received a minimum of **14 days prior to project start date** to Aitkin County Environmental Services. On-site inspections may be required before approval is granted.

Chapter 4626; Department of Health; Food Code and Aitkin County Food & Beverage Service Ordinance require plan review. Plan approval is not guaranteed and one should not begin the proposed project before approval is received from Aitkin County Environmental Services.

The following must be submitted prior to remodeling/construction:

1. This application completed and signed.
2. Plans drawn to scale (preferably 1/4 inch = 1 foot) showing all of the following details:
 - A. Food preparation/storage areas. Include location of all equipment and exhaust hoods.
 - B. Include ice bins, ice machines, dish machines, floor drains, water supply lines and overhead wastewater lines.
 - C. Designate and label all sinks as: handwash, warewash, food prep and mop/utility.
 - D. Lighting location in each room. Ensure food storage areas are provided with sufficient light.
 - E. Well(s) and septic system if an addition will be constructed.
3. Provide new finish schedule for floors, walls, ceilings and covings on page 5. Include Manufacturers' Specification Sheet(s).
4. Equipment schedule that includes Manufacturers' Specification Sheet(s) for each piece of new and/or used equipment (include the make and model number), complete on page 3.
5. Current and proposed menu if it will change.
6. \$165 plan review fee.

Name of Owner _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Owner's Mailing Address (if different from establishments) _____

Name of person filling out this application _____

Email Contact _____

Projected Start Date: _____

Phone Contact(s) _____

All new plumbing must be approved before work may begin. If no new plumbing will be installed write Not Applicable.

I have submitted plumbing plans on _____ date(s)

Send to: Minnesota Department of Labor and Industry
Plumbing and Engineering Unit
443 Lafayette Road North
St. Paul, MN 55155-4343

Telephone Number 651.284.5067

Name and contact information for licensed plumber contracted for this project:

New electrical requires an inspection from Minnesota Department of Labor and Industry. Contact Electrical Inspector Scott Nutting at 218-927-6922.

Name and contact information for licensed electrician contracted for this project:

Food Service Information:

Current number of seats: Restaurant _____ Bar _____

Number of seats after project: Restaurant _____ Bar _____

Provide brief description of proposed project:

If a section does NOT APPLY to your project, write NA, do not leave blank

Equipment and Installation:

Complete table below for all new and/or used equipment. **Include copy of specification sheet.** This information will be used to verify NSF approval.

Equipment Type	Manufacturer	Model Number	Installation Location	Intended Use

Will bar area or beverage station(s) be remodeled? Yes or No

Is separate handwash sink currently provided behind bar/beverage station? Yes or No

Is a 3 or 4 compartment sink currently provided behind bar/beverage station? Specify which type:

Is a separate dump sink currently provided behind bar/beverage station? Yes or No

Is a NSF dishwasher currently installed for beverage glassware? Yes or No

Will a salad bar, buffet or other form of food service bar be added? Yes or No

If yes, specify what type(s):

How long will food be held continuously on food service bar?

Wait Stations/Counters/Cabinetry – will this area be remodeled or added? Yes or No

If yes, list location and what materials will be used:

Will new lighting be installed? Yes or No

If yes, list location and what type of shields will be installed:

Complete chart with type of finish that will be installed. Write NA if it will not apply.
 Attach Manufacturers' Specification Sheet(s) for all finishes.

	Floor	Walls	Ceiling
Food Prep Area			
Cooking Area			
Dishwashing			
Walk-in Refrigeration			
Beer Cooler			
Toilet Room			
Janitorial Room			
Interior Refuse			
Wait Station			
Handwash Areas			
Bar Service			
Dry Storage Food			
Dry Storage			
Dry Storage			
Basement Storage			
Other			
Other			
Other			

What type of base cove will be installed?

Will new sinks be installed? Yes or No

If yes, list what type and location for proposed installation:

List location(s) of current handwash sinks:

Is there currently a 3 or 4 compartment sink installed for warewashing? Yes or No
 If yes, list type and location of current installation:

Is a dishwasher currently provided? Yes or No
 If yes, list type and location of current installation:

Is there currently a food preparation sink provided? Yes or No
 If yes, where?

Dishwashing Facilities	Yes	No
1. Will a 3 or 4 compartment NSF sink be installed?		
2. Will sink be integral (one piece)?		
3. Will sink be freestanding (not installed into a counter-top)?		
4. Will largest pot or pan fit in each compartment of sink?		
5. Will a NSF dishwasher be installed? (If yes, circle sanitizing method) Chlorine Iodine Quaternary Ammonium Hot water		
6. Will ventilation be provided for dishwasher if hot water is the sanitizing agent? (if >120°F and not an under-counter unit)		
7 What does template on side of proposed dishwasher list for operating instructions? Wash temperature and time _____ Rinse temperature and time _____		
9. Does proposed dishwasher have both a temperature and pressure gauge?		

Will new ventilation be installed? Yes or No

	Yes	No
1. Will NEW ventilation hood cover all cooking devices with an overhang of at least 6" on all sides? (Heat generating devices must also be vented)		
2. Will grease filters/devices be easily removable for cleaning?		
3. Will there be an approved fire extinguishing system under hood?		

I certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Aitkin County Environmental Services may nullify final approval. Signature(s):

Owner(s) or responsible representative(s)

Date _____

Date _____

Approval of these plans by this Department doesn't indicate compliance with any other code, law or regulation that may be required. It does not constitute acceptance of the completed establishment. An on-site inspection of the establishment with equipment in place will be necessary to determine if it complies with the local and state regulations governing food service establishments.

Do Not Write Below This Line (For Office Use Only)

Date Received _____

Date Reviewed _____

Approved? Yes / No

Additional Information Needed? Yes / No

Date of Follow-up Correspondence: _____

Date of On-Site inspections: _____

Office comments:

