



**CITY OF MAPLEWOOD**

1902 County Road B East  
Maplewood, MN 55109  
Phone (651) 249-2300  
Fax (651) 249-2319  
www.MaplewoodMN.gov

Permit # \_\_\_\_\_

- Fee Paid
- Plans Rec'd
- Health Approval

**LODGING ESTABLISHMENT PLAN  
REVIEW 2019 APPLICATION**

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact for plan review process/approval: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact on-site: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this a new or existing establishment? \_\_\_\_\_

Anticipated start date: \_\_\_\_\_

Anticipated finish date: \_\_\_\_\_

**Submit one set of complete plans.** Plans must include: the number of guest rooms, sleeping room dimensions, bathroom and toilet layout information, and waste disposal area(s) must be indicated. **\*\*\*CONTACT 651-249-2308 FOR FEE AMOUNT\*\*\***

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Approval by: \_\_\_\_\_ Date \_\_\_\_\_