



CITY OF MAPLEWOOD

1830 County Road B East
Maplewood, MN 55109
Phone (651) 249-2300
www.MaplewoodMN.gov

Permit # _____

Fee Paid

Plans Rec'd

Health Approval

LODGING ESTABLISHMENT PLAN REVIEW 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 _____