



## Kandiyohi-Renville Community Health Board

2200 23<sup>rd</sup> Street NE Suite 1080, Willmar, MN 56201

www.co.kandiyohi.mn.us • www.co.renville.mn.us

Kandiyohi County: 320.231.7800

Renville County: 320.523.2570

publichealth@co.kandiyohi.mn.us • rcph@renvillecountymn.com

Receipt Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

License #: \_\_\_\_\_

Approved By: \_\_\_\_\_

2019

## MHP/RCA PLAN REVIEW APPLICATION

Business Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone (business): \_\_\_\_\_

Water Supply System: ☐ Municipal ☐ Private

Sewage System: ☐ Municipal ☐ Private

# of Mobile Home Sites: \_\_\_\_

# of Dependent Camp Sites: \_\_\_\_

# of Independent Camp Sites: \_\_\_\_

### OWNER

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

### CONSTRUCTION DATES

Anticipated Start: \_\_\_\_\_

Anticipated Completion: \_\_\_\_\_

### CONTACT PERSON FOR ALL PLAN REVIEW CORRESPONDENCE

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

The Plan Review Fee is equivalent to the establishment's license fee. Fees must be submitted with this application.

**Make checks payable to: Kandiyohi-Renville Community Health Board; mail to address above.**

Review Kandiyohi-Renville Construction Guidelines for all construction requirements.

Blue prints of the grounds must be submitted. They must be drawn to scale and include: each lot, water source, toilet, showers, roads, sewage treatment system, park shelter, etc.

Failure to submit plans and appropriate fees for new construction or remodeling will not prevent the fees from being collected. In addition, any construction not meeting code will have to be corrected prior to opening.