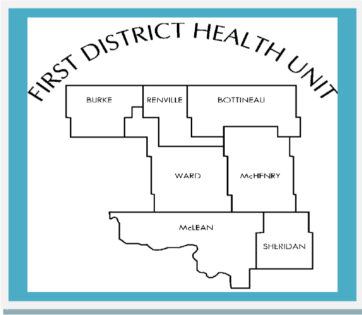

FIRST DISTRICT HEALTH UNIT

801 11TH AVE SW – PO BOX 1268
MINOT ND 58702-1268
PHONE (701)-852-1376 FAX (701)-852-5043
www.fdhu.org

Plan Review Request

NAME OF FACILITY	NAME OF OWNER		
FACILITY ADDRESS	CITY		ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
FACILITY PHONE NUMBER	OWNER PHONE NUMBER		

IF THIS IS A CHANGE FOR AN EXISTING FACILITY: SPECIFY CURRENT NAME OF FACILITY, OWNER AND LICENSE NUMBER

WATER SUPPLY:

PRIVATE RURAL MUNICIPAL

SEWAGE DISPOSED OF BY WAY OF:

MUNICIPAL SYSTEM PRIVATE SYSTEM

TYPE OF FACILITY:

FOOD/BEVERAGE	MAN CAMP	BODY ART FACILITY
MOTEL/HOTEL	SWIMMING POOL	BED AND BREAKFAST
CAMPGROUND	ASSISTED LIVING FACILITY	SEPTIC/SEWER SYSTEM
RV PARK	HUNTING LODGE	TANNING FACILITY
MOBILE HOME PARK	SUMMER CAMP	OTHER (SPECIFY):________________________________

PLAN REVIEW FEE IS $100.00 FOR TWO HOURS OF REVIEW, PLUS $60.00 PER HOUR FOR EACH HOUR OR FRACTION THEREOF FOR EACH HOUR ABOVE TWO HOURS. THE $100.00 REVIEW FEE SHALL BE INCLUDED WITH THIS REQUEST AND ANY PLANS AND ASSOCIATED DOCUMENTS. IF ADDITIONAL TIME IS REQUIRED DURING ANY REVIEW, ANY ADDITIONAL FEE SHALL BE REMITTED PRIOR TO RELEASE OF RESULTS OF PLAN REVIEW.

IF ANY CHANGES ARE MADE TO ANY PLANS OR INCLUDED DOCUMENTS, NOTIFY THIS OFFICE IMMEDIATELY. SUBSTANTIAL CHANGES TO ANY SET OF PLANS MAY NECESSITATE AN ADDITIONAL PLAN REVIEW.

SEND REVIEW REQUEST, BLUEPRINTS, ASSOCIATED DOCUMENTS AND REVIEW FEE TO:

FIRST DISTRICT HEALTH UNIT
PO BOX 1268
MINOT ND 58702-1268

I CERTIFY THAT I UNDERSTAND THAT THIS IS A REQUEST FOR PLAN REVIEW TO DETERMINE COMPLIANCE WITH ASPECTS OF THE PERTINENT REGULATIONS OF THE FIRST DISTRICT HEALTH UNIT ONLY AND DOES NOT IN ANY WAY INVOLVE DETERMINATION OF COMPLIANCE WITH ANY OTHER LOCAL, STATE OR FEDERAL REGULATIONS. I AGREE TO PAY ANY REQUIRED PLAN REVIEW FEES REGARDLESS OF THE OUTCOME OF THE PLAN REVIEW AND REGARDLESS OF WHETHER OR NOT THE ABOVE LISTED FACILITY IS BUILT OR OPERATED IN THE AREA OF THE FIRST DISTRICT HEALTH UNIT.

____
SIGNATURE OF OWNER DATE

REVIEWED BY:____

ADOPTED JANUARY 2015