



# FIRST DISTRICT HEALTH UNIT

801 11<sup>TH</sup> AVE SW – PO BOX 1268  
 MINOT ND 58702-1268  
 PHONE (701)-852-1376 FAX (701)-852-5043  
 www.fdu.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:		SEWAGE DISPOSED OF BY WAY OF:	
PRIVATE	RURAL	MUNICIPAL	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: \_\_\_\_\_