DEPARTMENT OF HEALTH

Assisted Living Plan Submittal Form

ENGINEERING: ASSISTED LIVING PROVIDERS (144G)

This form is a required addendum to the Provisional Assisted Living License Application and the Relocation of Existing Assisted Living License Application for the plan review and inspection of all physical environment elements required for an assisted living facility or assisted living facility with dementia care, under Minnesota Statutes, sections 144G.45 and 144G.81.

This form is also used as a stand-alone application for plan review and inspection of any new construction, repair, renovation, modification, reconstruction, change of use or occupancy, or addition in a licensed assisted living facility or assisted living facility with dementia care, under the requirements of Minnesota Statutes, sections 144G.45 and 144G.81.

Minnesota Statutes, section 144G.45 (https:/www.revisor.mn.gov/statutes/cite/144G.45)

Minnesota Statutes, section 144G.81 (https:/www.revisor.mn.gov/statutes/cite/144G.81)

Building information

Facility name: _____

Health facility ID (five-digit HFID): _____

Facility address: _____

City: _____ County: _____

Owner/authorized agent: _____

Contact email: _____ Contact phone: _____

Building size (square feet): _____ Number of floors (excluding basement): _____

Building has a basement (Y/N): ☐ Yes ☐ No

Building equipped with approved automatic sprinkler system: ☐ Yes ☐ No ☐ Partial

Automatic sprinkler type: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D

NFPA construction type, under NFPA 220 (*facilities with capacity of six or more residents only*):

☐ I (442)	☐ II (222)	☐ II (000)	☐ III (200)	☐ V (111)
☐ I (332)	☐ II (111)	☐ III (211)	☐ IV (2HH)	☐ V (000)

Submitter information

Submitter: _____

Contact email: _____ Contact phone: _____

Design firm: _____

Project information

Project name:_____

Project description:

Project type:

- ☐ New license (single building)
- ☐ New license (campus)
- ☐ New construction
- ☐ Addition
- ☐ Modification
- ☐ Renovation
- ☐ Reconstruction
- ☐ Change of use/occupancy
- ☐ Relocation

Project size (square feet):_____

License type: ☐ Assisted living facility ☐ Assisted living facility with dementia care

Current resident capacity: _____ Requested resident capacity: _____

- If the anticipated/desired licensed resident capacity is higher than the current licensed resident capacity you will also need to submit the form Licensed Resident Capacity Increase Request (PDF) (https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/capacity.pdf).
- Effective August 1, 2023, assisted living facilities and assisted living facilities with dementia care are all defined as State licensed facilities, under Minnesota Statutes, section 326B.103, subdivision 13 (https://www.revisor.mn.gov/statutes/cite/326b.103#stat.326B.103.13), and must obtain permits and inspection from the Minnesota Department of Labor and Industry or a delegated jurisdiction for any new construction, alteration, or change of use to an assisted living facility.

Estimated Project Cost

Estimated project cost includes all materials, labor, and soft costs such as finance charges, permits, design, etc. in accordance with Minn. Stat. 144A.071 (www.revisor.mn.gov/statutes/cite/144A.071).

If there is no construction cost, there is $0 fee.

Estimated Project Cost:_____

Fees

For all assisted living facilities, a plan review fee must be collected for the review and approval of architectural, mechanical, and electrical plans and specifications submitted before construction begins for each project relative to construction of new buildings, additions to existing buildings, or remodeling or alterations of existing buildings. Fees must be paid at the time of submission of final plans for review and are not refundable. Fees will be calculated per Minnesota Statutes, chapter 144.553 (https://www.revisor.mn.gov/statutes/cite/144.554) and as follows:

Estimated Project Cost (range in dollars)	Fee
$0 - $10,000	$45
$10,001 - $50,000	$225
$50,001 - $100,000	$450
$100,001 - $150,000	$675
$150,001 - $200,000	$900
$200,001 - $250,000	$1,125
$250,001 - $300,000	$1,350
$300,001 - $350,000	$1,575
$350,001 - $400,000	$1,800
$400,001 - $450,000	$2,025
$450,001 - $500,000	$2,250
$500,001 - $550,000	$2,475
$550,001 - $600,000	$2,700
$600,001 - $650,000	$2,925
$650,001 - $700,000	$3,150
$700,001 - $750,000	$3,375
$750,001 - $800,000	$3,600
$800,001 - $850,000	$3,825

Estimated Project Cost (range in dollars)	Fee
$850,001 - $900,000	$4,050
$900,001 - $950,000	$4,275
$950,001 - $1,000,000	$4,500
$1,000,001 - $1,050,000	$4,725
$1,050,001 - $1,100,000	$4,950
$1,100,001 - $1,150,000	$5,175
$1,150,001 - $1,200,000	$5,400
$1,200,001 - $1,250,000	$5,625
$1,250,001 - $1,300,000	$5,850
$1,300,001 - $1,350,000	$6,075
$1,350,001 - $1,400,000	$6,300
$1,400,001 - $1,450,000	$6,525
$1,450,001 - $1,500,000	$6,750
$1,500,001 - $2,000,000	$7,200
$2,000,001 - $3,000,000	$7,650
$3,000,001 - $4,000,000	$8,100
$4,000,001 - $7,000,000	$8,550
$7,000,001 - $15,000,000	$9,000

Estimated Project Cost (range in dollars)	Fee
$15,000,001 - $50,000,000	$9,450

Estimated Project Cost (range in dollars)	Fee
$50,000,001 or more	$9,900

Payment

Send via mail to the address listed below:

☐ Check payable to "Commissioner of Finance, Treasury Division"

☐ Copy of the Assisted Living Plan Submittal Form (this form)

☐ Fee Amount submitted:_____

Minnesota Department of Health
Health Regulation Division
Assisted Living Licensure
PO Box 3879
St. Paul, MN 55101-3879

Required documents

Assisted living facilities with five or less resident capacity:

☐ A site plan or map showing the following information:

- Facility location on property.
- Property boundaries.
- Any outdoor area for residents.
- Any other adjacent or connected buildings on or adjacent to the property.

☐ A PDF copy of clear, legible, and computer-drawn facility plans showing the following information:

- Floorplan of each floor, with full dimensions and labeled use of each room.
- Location and size of all fire extinguishers.
- Location and interconnection of all smoke alarms and carbon monoxide detectors.
- Location and opening size of all emergency escape and rescue openings (egress windows).

Assisted living facilities with six or more resident capacity and assisted living facilities with dementia care:

- ☐ An NFPA code analysis with a graphic code plan and narrative to the applicable chapters of the 2018 NFPA 101 Life Safety Code.
- ☐ Final plans and specifications, in accordance with Minnesota Statutes, section 144G.45, subdivion 6 (https://www.revisor.mn.gov/statutes/cite/144G.45#stat.144G.45.6), prepared and signed by an architect or engineer registered in the state of Minnesota, including but not limited to the following:
  - Site plan.
  - Architectural plans.
  - Mechanical plans.
  - Electrical plans.
  - Plumbing plans.
  - Fire protection plans.

Minnesota Food Code (all facilities seeking new licensure or undergoing kitchen renovations):

- ☐ A PDF copy of clear, legible, and computer-drawn kitchen plans drawn to scale, including proposed layout of appliances/equipment, including all sinks.
- ☐ Finish schedule for all kitchen surfaces, including floors, base cove, walls, and ceilings (may be indicated on plans).
- ☐ Appliance/equipment specifications for all food service equipment including sinks and range hoods in compliance with Minnesota Food Code, found in Minnesota. Rules, part 4626.0506 (https:/www.revisor.mn.gov/rules/4626.0506/).
- ☐ A proposed menu.
- ☐ If the facility is connected to city water and sewer, indicate on the plans. If the facility is served by well and septic, provide information on the well, including well number and septic certificate of compliance.

Submittal requirements

Provisional Assisted Living License Application:

The following documents must be submitted with a completed Provisional Assisted Living License Application (PDF) (www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/provisionalapp.pdf):

- ☐ A completed Assisted Living Plan Submittal Form.
- ☐ All required documents, as listed above, for the proposed facility type and resident capacity.
- ☐ All Minnesota Food Code documents, as listed above.
- ☐ Plan review fee to be mailed at the time same time as this submittal, **only if** there will be construction of new buildings, additions to existing buildings, or remodeling or alterations of existing buildings.

Relocation applications:

The following documents must be submitted with a completed Application for Relocation of Existing Assisted Living License (PDF) Application for Relocation of Existing Assisted Living License (PDF) (https://www.facilities/regulation/assistedliving/docs/forms/relocatelic.pdf):

- ☐ A completed Assisted Living Plan Submittal Form.
- ☐ All required documents, as listed above, for the proposed facility type and resident capacity.
- ☐ All Minnesota Food Code documents, as listed above.
- ☐ Plan review fee to be mailed at the time same time as this submittal, **only if** there will be construction of new buildings, additions to existing buildings, or remodeling or alterations of existing buildings.

Construction applications for new construction, addition, modification, renovation, reconstruction, change of use, or change of occupancy:

The following information must be submitted to health.assistedliving@state.mn.us for all construction applications:

- ☐ A completed Assisted Living Plan Submittal Form.
- ☐ All required documents, as listed above, for the proposed facility type and resident capacity.
- ☐ All Minnesota Food Code documents, as listed above (if the scope of work includes kitchen).
- ☐ Plan review fee to be mailed at the time same time as this submittal, **only if** there will be construction of new buildings, additions to existing buildings, or remodeling or alterations of existing buildings.

Official verification of owner or authorized agent

- ☐ I hereby confirm that the information provided on all submitted documents to be true, correct, and complete to the best of my knowledge. All work will be performed in accordance with Minnesota Statutes, section 144G (https://www.revisor.mn.gov/statutes/cite/144G.45), and all approval documents issued by the Minnesota Department of Health. I will notify MDH, in writing, of any changes to this information, as required.

Owner or authorized agent signature of acknowledgment:

Legal name (print or type):

_____Signature:

_____Title:

☐ Owner ☐ Authorized agent

Date: _____

Questions

Email: health.assistedliving@state.mn.us

Phone: 651-201-4200

Minnesota Department of Health
Health Regulation Division
Assisted Living Licensure
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
health.assistedliving@state.mn.us
www.health.state.mn.us

07/01/2025

To obtain this information in a different format, call: 651-201-4200