



COMMUNITY DEVELOPMENT DEPARTMENT • PHONE: 651-792-7080 •  
2660 CIVIC CENTER DR • ROSEVILLE, MN 55113

**COMMERCIAL BUILDING PERMIT APPLICATION**

APPLICATION DATE: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

<b>WORK PROPOSED:</b>	New Construction Addition Alteration	Footing/Foundation Roof Swimming Pool	Grading/Fill/Excavation (see supplement) Other: _____
<b>PROPERTY TYPE:</b>	Commercial	Industrial	Multi-family Public
<b>SITE :</b>	Address: _____		Suite/Space #: _____
<b>APPLICANT:</b>	Name: _____	Phone: _____	
Address: _____			
<b>OWNER:</b>	Name: _____	Phone: _____	
Address: _____			
<b>CONTRACTOR:</b>	Name: _____	Phone: _____	
Address: _____		License Number: _____	
<b>TENANT SUITE #:</b>	<b>TENANT NAME:</b>	<b>TENANT EMAIL :</b>	
	<b>CONTACT PERSON:</b>	<b>TENANT PHONE:</b>	

VALUATION (labor & Materials): \$ \_\_\_\_\_

**WORK DESCRIPTION:**

Square Footage: _____	# of Stories: _____	Sprinkler: Yes _____ No _____	# of Multi-family Units: _____
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**Acknowledgement and Signature:**

The undersigned hereby makes application to the City of Roseville to perform the work as herein described. The undersigned further states, under penalty of law, that the work will be performed in accordance with the Minnesota State Building Code, this application, and any approved plans and/or specifications. Some or all of the information that you are asked to provide on the application is classified by State law as either private, public, or confidential. The data will constitute a public record if and when the permit is issued. **Typing my name is equivalent to a handwritten signature.** **I agree.**

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Contractor      Owner      Applicant

Signature: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SEPARATE PERMITS REQUIRED FOR: Mechanical Electrical Sewer Water Plumbing Fire Sprinkler/ Alarm Erosion Control

**OFFICE USE ONLY:**

<b>FEES:</b>		<b>Total Fees:</b>
Permit	\$ _____	\$ _____
Technology Fee	\$ _____	<b>Receipt #:</b>
Plan Check	\$ _____	
State Surcharge	\$ _____	<b>Receipt Date:</b>
Fire Surcharge	\$ _____	
Fire Plan Check	\$ _____	
Cert. of Occupancy	\$ _____	
Metro SAC	\$ _____	
	Contractor's License	\$ _____
	Engineering Fee	\$ _____
	SAC Administration Fee	\$ _____
	Construction Deposit	\$ _____
	Park Dedication	\$ _____
	Other: _____	\$ _____

**WARNING:** Be sure to contact **Gopher State One Call @ 811** prior to digging for locations of underground cables, pipes, etc.

**Requests for permit refunds must be made within 180 days of permit issuance date.**

# FOR OFFICE USE ONLY:

## REVIEW REQUIRED BY:

Planning: \_\_\_\_\_

Engineering: \_\_\_\_\_ Erosion Control permit required? \_\_\_\_\_

Fire: \_\_\_\_\_

SAC charge due? \_\_\_\_\_

Council action required? \_\_\_\_\_

20% rule apply? \_\_\_\_\_ Code in Effect \_\_\_\_\_

Construction Type: \_\_\_\_\_ Occupancy Type: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_ Square Footage: \_\_\_\_\_

## REQUIRED INSPECTIONS:

### ROUGH

- \_\_\_\_\_ Erosion Control
- \_\_\_\_\_ Footing
- \_\_\_\_\_ Foundation
- \_\_\_\_\_ Gas Air Test
- \_\_\_\_\_ Electrical
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ Firewall
- \_\_\_\_\_ Framing
- \_\_\_\_\_ Insulation
- \_\_\_\_\_ Other: \_\_\_\_\_

### FINISH

- \_\_\_\_\_ Electrical Final
- \_\_\_\_\_ HVAC Final
- \_\_\_\_\_ Plumbing Final
- \_\_\_\_\_ Special Inspections
- \_\_\_\_\_ Fire Marshal
- \_\_\_\_\_ Planning
- \_\_\_\_\_ Engineering
- \_\_\_\_\_ Parks
- \_\_\_\_\_ Final
- \_\_\_\_\_ Deposit Refund
- \_\_\_\_\_ Other: \_\_\_\_\_

**CITY VALUATION:** \_\_\_\_\_

## APPROVALS:

Plan Reviewer \_\_\_\_\_ Fire Marshal \_\_\_\_\_ Parks \_\_\_\_\_  
Planning \_\_\_\_\_ Engineering \_\_\_\_\_ Other \_\_\_\_\_