



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

COMMERCIAL BUILDING PERMIT APPLICATION

APPLICATION DATE: _____ PERMIT NUMBER: _____

WORK PROPOSED:	<input type="checkbox"/> New Construction (Requires Tree Preservation Plan Review) <input type="checkbox"/> Addition (Requires Tree Preservation Plan Review) <input type="checkbox"/> Alteration	<input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Roof <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other: _____
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PROPERTY TYPE: Commercial Industrial Multi-family Public

SITE ADDRESS: _____ Suite/Space #: _____

APPLICANT:	Name: _____	Phone: _____
Address: _____		

OWNER:	Name: _____	Phone: _____
Address: _____		

CONTRACTOR:	Name: _____	Phone: _____
Address: _____		City Contractor License # (required): CON- _____

TENANT SUITE #:	TENANT NAME:	TENANT EMAIL :
	CONTACT PERSON:	TENANT PHONE:

VALUATION (labor & materials): \$ _____

WORK DESCRIPTION:

Square Footage: _____	# of Stories: _____	Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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:

FEES:	Total Fees:
Permit \$ _____	\$ _____
Processing Fee \$ _____	
Plan Check \$ _____	Receipt #:
State Surcharge \$ _____	_____
Fire Surcharge \$ _____	Receipt Date:
Fire Plan Check \$ _____	_____
Cert. of Occupancy \$ _____	
Metro SAC \$ _____	
Contractor's License \$ _____	
Engineering Fee \$ _____	
SAC Admin 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 _____