



COMMUNITY DEVELOPMENT DEPARTMENT • PHONE: 651-792-7080 • FAX: 651-792-7070
2660 CIVIC CENTER DR • ROSEVILLE, MN 55113

COMMERCIAL BUILDING PERMIT APPLICATION

APPLICATION DATE: _____

PERMIT NUMBER: _____

WORK PROPOSED:	New Construction Addition Alteration	Footing/Foundation Roof Swimming Pool	Grading/Fill/Excavation (see supplement) Other: _____
PROPERTY TYPE:	Commercial	Industrial	Multi-family Public
SITE :	Address: _____		Suite/Space #: _____
APPLICANT:	Name: _____	Phone: _____	
Address: _____			
OWNER:	Name: _____	Phone: _____	
Address: _____			
CONTRACTOR:	Name: _____	Phone: _____	
Address: _____		License Number: _____	
TENANT SUITE #:	TENANT NAME:	TENANT EMAIL :	
	CONTACT PERSON:	TENANT PHONE:	
VALUATION (labor & Materials): \$ _____			
WORK DESCRIPTION:			
Square Footage: _____	# of Stories: _____	Sprinkler: Yes No	# of Multi-family Units: _____
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:			
FEES:			Total Fees:
Permit	\$ _____		\$ _____
Technology Fee	\$ _____	Contractor's License	\$ _____
Plan Check	\$ _____	Engineering Fee	\$ _____
State Surcharge	\$ _____	SAC Administration Fee	\$ _____
Fire Surcharge	\$ _____	Construction Deposit	\$ _____
Fire Plan Check	\$ _____	Park Dedication	\$ _____
Cert. of Occupancy	\$ _____	Other: _____	\$ _____
Metro SAC	\$ _____		
			Receipt #:

			Receipt Date:

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 _____