

Commercial/Multi-Family Building Permit Application

Job Site Address: _____ Unit # _____ Tenant/Bldg Name _____

Total Project Valuation: \$ _____ The Applicant Is: Owner Contractor
PROJECT VALUATION MUST INCLUDE MATERIALS AND LABOR WHETHER DONE BY CONTRACTOR OR OWNER

Property Owner	
Name _____	
Address _____ Unit # _____	
City _____ State _____ Zip _____	
Phone () _____	

Contractor / Applicant	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Phone () _____ License # _____	

Property Use
<input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional

Type of Work		
<input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel/Alt <input type="checkbox"/> Repair <input type="checkbox"/> Interior Finish <input type="checkbox"/> Footing & Foundation	<input type="checkbox"/> Reroof # Squares _____ <input type="checkbox"/> Reside # Squares _____	<input type="checkbox"/> Demo Bldg <input type="checkbox"/> Pool

Specific Description of Work to be Completed
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Richfield and with the Minnesota Building Code.

THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DIVISION WHEN READY FOR INSPECTIONS.

Applicant's Signature	Date
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Building Permit Fees
Building Permit Fee: _____
Additional Insp: _____
Plan Check Fee 65%: _____
State Surcharge: _____
Investigation Fee: _____
SAC Fee: _____
TOTAL FEES DUE: _____

Conditions of Issuance
<i>(office use only)</i>

Approved by: _____
Date: _____

Miscellaneous Information
Number of Units _____
Number of Buildings _____
Number of SAC Units _____
Property Zoning _____
Occupancy Group _____
Type of Construction _____

Building Information
Number of Stories _____
Total Square Footage _____
Height _____
Length _____
Width _____
Building Code _____
Building Sprinkler System ____ Yes ____ No
Special Stipulations or Conditions ____ Yes ____ No

Required Inspections	
<input type="checkbox"/> Sheathing	<input type="checkbox"/> Fireplace Rough-in
<input type="checkbox"/> Fire Stopping	<input type="checkbox"/> Temp C/O
<input type="checkbox"/> Floor Slab	<input type="checkbox"/> Ice & Water
<input type="checkbox"/> Footing	<input type="checkbox"/> Lathe
<input type="checkbox"/> Foundation	<input type="checkbox"/> Investigation
<input type="checkbox"/> Framing	<input type="checkbox"/> Questions on site
<input type="checkbox"/> Insulation	<input type="checkbox"/> No inspection required
<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Final
<input type="checkbox"/> Site	
<input type="checkbox"/> Routine	



City of Richfield
 6700 Portland Avenue South
 Richfield, MN 55423
 (612) 861-9860

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