

COMMERCIAL BUILDING PERMIT APPLICATION
**THIS APPLICATION IS FOR A BUILDING PERMIT ONLY SEPARATE PERMITS
 ARE REQUIRED FOR ELECTRICAL, HVAC, AND/OR PLUMBING WORK BEING DONE**

Site/Building Information

Project Title (Business) _____
 Address _____ Suite/Unit # (if applicable): _____

Owner Information

Name _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

Project Information

Applicant is: Contractor Owner Architect **Project Valuation (REQUIRED) \$** _____
 Type of Work: New Addition Remodel Tenant Finish Other: _____
 Occupancy Type: _____ Construction Type: _____
 Water Meter Size: ¾" 1" 1½" 2" 3" Other: _____
 Water & Sewer Services: New services Upgrade existing services No changes to existing services

Contractor Information

(You must be licensed as a Commercial Contractor with the City of St. Cloud)

Company Name _____ **Commercial** Contractor License # **BCOM** - _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Fax # _____ Payment Pin on File (if applicable) Yes No
 Email Address: _____

As contractor I acknowledge that I am responsible for the work performed under this permit and that all work will be done in accordance with the conditions of the permit; the approved plans and specifications; the ordinances of the City of St. Cloud; and the Minnesota State Building Code. The work will remain accessible and exposed for inspection purposes. The person doing the work shall call for the inspections, and a 24-hour notice is required. The permit will become void if work does not begin within 180 days or is suspended at any time for over 180 days.

Contractor's Signature /s/ _____ Date _____
Typed name above shall constitute an electronic signature

Contractor's Printed Name _____

Project Description

CONTINUED ON REVERSE

Primary Contact Information

Primary Contact during **Plan Review**:

Contact Name _____ Phone # _____

Cell # _____ Email Address: _____

Primary Contact during **Construction**:

Contact Name _____ Phone # _____

Cell # _____ Email Address: _____

Architect Information

Company Name _____ Contact Person's Name: _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email Address: _____

Trade Contractors

Electrical: _____ Phone # _____

Mechanical: _____ Phone # _____

Plumbing: _____ Phone # _____

Applicant's Signature

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; and **that this is not a permit**. As the applicant I acknowledge that I am responsible for any fee's incurred during the plan review process including all permit fees and that I am requesting approval for the submitted documents for construction. If this permit request is cancelled for any reason after plan review has been completed, but before permit issuance, I understand that I will be responsible for all plan review charges.

Applicant's Signature _____ Date _____

Typed name above shall constitute an electronic signature

Applicant's Printed Name _____

CONTINUED ON NEXT PAGE

The 3rd page **MUST** be filled out and submitted for all project types
EXCEPT: Reroofing, Residing, Windows, and Decks.

Site/Building Information

Project Title (Business) _____

Address _____ Suite/Unit # (if applicable): _____

Food, Pool, Lodging & Message Licensing

Will this project include any of the following establishments or activities: food/beverage service, food vending, retail food handler/grocery, board & lodging, public pool, or massage?

- Yes
- No

If yes, please contact the Health & Inspections Department for plan review & licensing requirements at 320-255-7214.

Food Service Establishment Information

City ordinance prohibits the discharge of any fats, oils or grease it the sanitary sewer, in excess of 100 mg/L. (360:45 Subd. 11) and facilities are required to install a trap or interceptor to prevent such discharges (360:65 Subd 5).

Will this new building/ facility for the purpose of a Food Service Establishment using or producing grease containing consumables/products? Yes No

Industrial User Information

Per 40 CFR 403. The City requires any Significant Industrial Users to be permitted through the Pretreatment Program (360:05 Subd.58 and 360:40). (<http://www.ci.stcloud.mn.us/DocumentCenter/View/373>)

Will this new building/ facility produce industrial wastewater Yes No

If yes, please contact the Pretreatment Program (320-255-7226) for plan review & permitting requirements.

Dental User Information

The United States Environmental Protection Agency (USEPA) has required all dental users discharging wastewater to Publicly Owned Treatment Works (POTWs)/ Wastewater Treatment Facilities (WWTFs) install and maintain a suitable Amalgam Separator. (40 CFR 441.50)

Is this new building/ facility for the purpose of operating a dental clinic/ facility Yes No

If yes, please contact the Pretreatment Program (320-255-7226) for plan review & permitting requirements.

Stormwater Information

Has the Licensed Professional responsible for the projects stormwater and drainage design implemented all applicable items and requirements from the following?

- Land Development Code Article 19.12 (<http://ci.stcloud.mn.us/1011/Land-Development-Code>)
- City's Permanent Stormwater Design Checklist (<http://ci.stcloud.mn.us/DocumentCenter/View/825>)

Yes

No (Stop here and review/complete before submitting)

N/A (Only for interior projects)

Licensed Professional Signature _____ Date _____

Typed name above shall constitute an electronic signature

For more information or questions, please contact the Engineering Department at 320-255-7249.