

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 () | Cell Phone () |

| Contractor / Applicant | |
|-------------------------------|-----------------------------------|
| Name _____ | |
| Address _____ | E-Mail Address _____ |
| City _____ | State _____ Zip _____ |
| Phone () | Cell 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"/> Interior Finish | <input type="checkbox"/> Demo Bldg |
| <input type="checkbox"/> Existing Building | <input type="checkbox"/> Footing & Foundation | <input type="checkbox"/> Demo Interior |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Reroof # Squares _____ | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Remodel/Alt | <input type="checkbox"/> Reside # Squares _____ | |
| <input type="checkbox"/> Repair | | |

Is this a residential building constructed before 1978? Yes No

Will the work disturb more than 6 square feet of paint per room inside, or more than 20 square feet of paint on the exterior of the home or building, or any window replacements? Yes No

Contractor EPA Lead Certification # _____

| Specific Description of Work to be Completed |
|---|
| _____ _____ _____ |

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.

Please submit an electronic PDF copy of all plans for new buildings or additions. **THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DIVISION WHEN READY FOR INSPECTIONS.**

| | |
|------------------------------|-------------|
| Applicant's Signature | Date |
|------------------------------|-------------|

| Building Permit Fees |
|--|
| Building Permit Fee: _____ |
| Additional Insp: _____ |
| Plan Check Fee 65%: _____ |
| State Surcharge: _____ |
| .0005 X valuation \$1,000,000.00 or less (Call the Inspections Department at 612-861-9860 for state surcharges on all permits valued \$1,000,000.00 or more). |
| 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 **Revised 4/28/16**