



3880 Laverne Avenue Lake Elmo, Minnesota 55042  
(651) 747-3900

Building Department

# Commercial Permit Application and Plan Review Submittal

Development Name: \_\_\_\_\_

Building Site Address: \_\_\_\_\_

Business/Tenant Name: \_\_\_\_\_

## **Building codes currently in effect for Lake Elmo MN**

MN Rule 1300	2015 MN State Building Code
MN Rule 1305	2012 International Building Code
MN Rule 1307	2007 MN Elevator Code
MN Rule 1315	2014 National Electrical Code
MN Rule 1323	2015 Commercial Energy Code
MN Rule 1341	2015 MN Accessibility Code
MN Rule 1346	2015 International Mechanical Code
	2015 International Fuel Gas Code
MN Rule 4715	2015 MN Plumbing Code
MN Rule 7511	2015 MN Fire Code
	2012 International Fire Code

## Required Materials for Commercial Permit Applications:

	<u>Included</u>	<u>Does Not Apply</u>
1. Completed Commercial Building Permit Application	<input type="checkbox"/>	<input type="checkbox"/>
2. Two complete copies of building documents/plans <b>** see page 3</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sewer Availability Charge (SAC) Determination Letter Application: <a href="http://www.metrocouncil.org/Wastewater-Water/Funding-Finance/Rates-Charges/Sewer-Availability-Charge/SAC-Forms.aspx">http://www.metrocouncil.org/Wastewater-Water/Funding-Finance/Rates-Charges/Sewer-Availability-Charge/SAC-Forms.aspx</a> Contact Met Council at: <a href="mailto:SACprogram@metc.state.mn.us">SACprogram@metc.state.mn.us</a> or 651-602-1378	<input type="checkbox"/>	<input type="checkbox"/>
4. Washington County Health Department Approval Letter 651-430-4045 ( <i>For work associated with food prep</i> )	<input type="checkbox"/>	<input type="checkbox"/>
5. Special Structural Testing and Inspection Summary Schedule	<input type="checkbox"/>	<input type="checkbox"/>
6. Plumbing plans must be submitted to and approved by MN Dept of Labor and Industry, <b>Prior to permit issue by the City of Lake Elmo.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<p>“Minor Remodel” Plumbing Plan Review Checklist:  <a href="http://www.dli.mn.gov/CCLD/PDF/plumbing_plan_check.pdf">http://www.dli.mn.gov/CCLD/PDF/plumbing_plan_check.pdf</a>            Plumbing plan review general information and application:  <a href="http://www.dli.mn.gov/CCLD/PlanPlumbing.asp">http://www.dli.mn.gov/CCLD/PlanPlumbing.asp</a></p> <p>Minnesota Department of Labor and Industry            Construction Codes and Licensing Division            Plumbing Plan Review and Inspections            443 Lafayette Rd N St Paul MN 55155-4343            651-284-5063</p>		
7. Geotechnical/Soil Investigation report – <i>For new buildings</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Construction Specification Documents	<input type="checkbox"/>	<input type="checkbox"/>
9. State Building Projects - Initial Application	<input type="checkbox"/>	<input type="checkbox"/>

**State Building Projects:** *Projects that are considered Public Buildings or State Licensed Facilities must have an Initial application submitted to MN DOLI for review.*

*MN Statute 326B.103*

State Building Projects Definition:

[http://www.dli.mn.gov/CCLD/dele\\_public.asp](http://www.dli.mn.gov/CCLD/dele_public.asp)

Initial Application:

[http://www.dli.mn.gov/CCLD/PDF/bc\\_pr\\_res\\_guide07\\_bcs\\_01\\_initial\\_app\\_for\\_plan\\_review.pdf](http://www.dli.mn.gov/CCLD/PDF/bc_pr_res_guide07_bcs_01_initial_app_for_plan_review.pdf)

## Required Materials for Commercial Permit Applications – Cont.

\*\* 2 Copies of building documents/plans must include the following where applicable:

	<u>Included</u>	<u>Does not apply</u>
1. Architectural, structural, mechanical, plumbing and electric documents that are certified, stamped and signed by licensed professionals.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do my plans need to be prepared and certified by an architect or engineer?  <a href="https://www.revisor.mn.gov/rules/?id=1800.5200">https://www.revisor.mn.gov/rules/?id=1800.5200</a>            Classes of buildings which may be subject to exemption:  <a href="https://www.revisor.mn.gov/rules/?id=1800.5900">https://www.revisor.mn.gov/rules/?id=1800.5900</a></p>		
• Architectural site plan	<input type="checkbox"/>	<input type="checkbox"/>
• Floor plans	<input type="checkbox"/>	<input type="checkbox"/>
• Roof plan	<input type="checkbox"/>	<input type="checkbox"/>
• Exterior elevations: all sides	<input type="checkbox"/>	<input type="checkbox"/>
• Sections and details of construction	<input type="checkbox"/>	<input type="checkbox"/>
• Construction assemblies	<input type="checkbox"/>	<input type="checkbox"/>
• Interior elevations	<input type="checkbox"/>	<input type="checkbox"/>
2. Cover sheet with building code analysis, including project information and scope of work	<input type="checkbox"/>	<input type="checkbox"/>
3. Certified energy code analysis, building envelope data, HVAC, lighting and compliance documents	<input type="checkbox"/>	<input type="checkbox"/>
4. Special use evaluation, including high piled storage, hazardous materials use including open or closed processes, and toxic materials inventory	<input type="checkbox"/>	<input type="checkbox"/>
5. Special structural testing and inspection summary schedule	<input type="checkbox"/>	<input type="checkbox"/>

# Application for Commercial Permit

Please complete the application accurately and entirely to expedite the permit issuance.

Development Name \_\_\_\_\_

Site address \_\_\_\_\_ Suite # \_\_\_\_\_

Business/Tenant name \_\_\_\_\_

Describe work applied for \_\_\_\_\_

Lease Improvement     Landlord Improvement     Remodel     New Building     Other

Applicant Company \_\_\_\_\_ Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact:     Office                       Cell                       Email

*A Combination permit system is used in Lake Elmo.* The Permit will include all building permit fees associated with this project, except grading permit fees. Separate permits are not required.

The following information must be provided in order to complete the permit review process. When issued, the building permit will include all required permit fees based on the information provided.

Total Project Value    \$ \_\_\_\_\_

## Subcontractor Values

HVAC                      \$ \_\_\_\_\_

Interior Plumbing      \$ \_\_\_\_\_

Sanitary Sewer        \$ \_\_\_\_\_

Water Service         \$ \_\_\_\_\_

Storm Sewer            \$ \_\_\_\_\_

Sprinkler Systems     \$ \_\_\_\_\_

Fire Alarm System     \$ \_\_\_\_\_

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Issuance of a permit and inspections conducted do not constitute a guarantee or warranty from the City. The applicant hereby agrees to do all work in accordance with the ordinances of the City of Lake Elmo, State Building Code, and the requirements of the Building Department.

**Project Address** \_\_\_\_\_ **Suite #** \_\_\_\_\_

**Architect** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact: Office Cell Email

**General Contractor** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact: Office Cell Email

**Site Superintendent** \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Building Owner** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**HVAC Contractor** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Plumbing Contractor** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

License Number \_\_\_\_\_

**Electrical Contractor** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

License Number \_\_\_\_\_

**Sprinkler System Contractor** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

License Number \_\_\_\_\_