



Date: _____ Permit #: _____

Commercial Building Permit Application

SITE ADDRESS: _____

Legal Description LOT _____ BLOCK _____ ADDITION _____

Applicant Information

Owner _____ Contractor _____ Designer/Architect _____ Tenant _____

CONTRACTOR OR DESIGNER/ARCHITECT

Company: _____ Phone: _____

Contact Person (print): _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

PROPERTY OWNER

Name/Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Building Permit Type

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Commerical | <input type="checkbox"/> Footing/Foundation | <input type="checkbox"/> Reroof |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Moving | <input type="checkbox"/> Apartments |
| <input type="checkbox"/> Fences | <input type="checkbox"/> Pools | <input type="checkbox"/> Multifamily |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Razing | |

Work Type

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> Replace |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Repair | <input type="checkbox"/> Interior Finish |

Description of Project: _____

Estimate Value of Work: \$ _____

Bldg. Height _____ Length _____ Width _____ # of Dwelling Units _____ Stories _____

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Shakopee to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Shakopee and the State of Minnesota.

Applicant's Signature

Date

Notes to Applicant

- Separate permits are required for electrical, plumbing, mechanical, sewer and water service and individual sewage treatment systems.
- This permit shall be null and void if authorized work is not started within 180 days or if work is suspended/abandoned for 180 days or more after work has started.
- Comply with City Code 111.02 prohibitions and limitations of construction on City or Shakopee Public Utilities easements.
- Plan review normally requires 10 working days from receipt of the **COMPLETE** application **AND** required information. You will be contacted with the building permit fee once our review is complete. Upon receipt of the payment, the permit will be issued.
- Permit and Plan Review Fees are based on City Code 111.04.
- **PLEASE ARRANGE FOR INSPECTIONS 24 HRS IN ADVANCE**

Plan Review Submittal Checklist

- ___ Completed Application
- ___ Met Council SAC Review required. Contact Met Council @ (651) 602-1118.
- ___ Provide site utility sheet to Shakopee Public Utilities for water service design – **NEW CONSTRUCTION ONLY**
- ___ Six (6) sets of completed plans (two must be 11x17 size or PDF), including:
 - Site Plan
 - Civil Plan
 - Structural Plan
 - Engineering Plan
 - Landscaping/Tree Preservation Plan
 - Parking Lot Plan
 - Mechanical Plan (HVAC, Plumbing)
- ___ Provide AASHRAE 90.1 2004 Detail from (www.ashrae.org/technology/page97 MN Energy Code 1323)
- ___ Soil Test Report, if available (Geo-Tech Report)
- ___ Specification Manual
- ___ Special Inspection Agreement (available at www.ShakopeeMN.gov/buildinginspections)

Fire Department Review Submittal Requirements

- ___ Owner’s Information Certificate (available at www.ShakopeeMN.gov/fire)
- ___ Fire Safety Code Review: Indicate which of the following systems are included in the proposed project. These systems each require a separate permit through the Fire Department. They may be submitted at a later date.
 - Fire Sprinkler Systems based on Minnesota State Building Code Chapter 1306
 - Special hazard fire protection system
 - Fire alarm (dedicated function or full system)
 - Smoke control, smoke exhaust or smoke and heat removal system

<p>CITY OF SHAKOPEE USE – PERMIT APPROVED BY:</p> <p>_____ Scott County Environmental Dept. or SPUC Date</p> <p>_____ Natural Resources Date</p> <p>_____ Fire Department Date</p> <p>_____ Planning Department Date</p> <p>_____ Engineering Department Date</p> <p>_____ Building Department Date</p>	<p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Zone</td> <td></td> </tr> <tr> <td>Type of Construction</td> <td></td> </tr> <tr> <td>Total Square Feet</td> <td></td> </tr> <tr> <td>Occupancy Group</td> <td></td> </tr> <tr> <td>Fire Sprinklers Required</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Zone		Type of Construction		Total Square Feet		Occupancy Group		Fire Sprinklers Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
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