

# BUILDING PERMIT APPLICATION: COMMERCIAL/INDUSTRIAL

590 40th Avenue NE, Columbia Heights, MN 55421 • PH: 763-706-3670 • www.columbiaheightsmn.gov

COMMUNITY  
DEVELOPMENT

DATE RECEIVED: \_\_\_\_\_

<b>**Please Note**</b>	Allow for 2-3 Weeks for a Plan Review of the Submitted Documents		
<b>APPLICANT</b>	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	Email: _____
<b>SITE ADDRESS</b>	_____		
<b>PROPERTY OWNER / TENANT</b>	Name: _____ Phone: _____ Address _____ City: _____ State: _____ Zip: _____		
<b>CONTRACTOR</b> Note: A City License is required for Comm/Ind/Inst work	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____		
<b>ARCHITECT / ENGINEER</b>	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____		
<b>PROPERTY TYPE</b>	<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Multi-Family <input type="checkbox"/> Townhouse
<b>TYPE OF WORK</b> Please select all that apply	<input type="checkbox"/> Addition <input type="checkbox"/> Deck <input type="checkbox"/> Drain Tile <input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Garage / Shed <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Roofing	<input type="checkbox"/> Siding <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Windows / Doors <input type="checkbox"/> Other
<b>PLEASE SUBMIT</b>	1. Two (2) Sets of Construction Plans and one digital copy 2. Survey / Site Plan 3. Landscape Plans 4. Energy Calculations 5. City License Application 6. Special Inspection Schedule		
<b>DESCRIPTION OF WORK</b>	_____		
	Square Footage: _____	Stories: _____	Number of Units: _____
<b>USE OF PROPERTY</b>	_____		
<b>VALUATION</b> Labor and Materials	\$ _____	All Fees are Based on the job Valuation. The City of Columbia Heights uses an amended version of the 1997 U.B.C. Fee Schedule.	

**THIS IS AN APPLICATION FOR A PERMIT – NOT VALID UNTIL PROCESSED**

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 Columbia Heights and with the Minnesota Construction Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

<b>PERMIT FEE:</b>	\$ _____	Based on valuation--(Call for a Quote) 763-706-3670—Minimum fee of \$65
<b>PLAN REVIEW:</b>	\$ _____	
<b>SURCHARGE:</b>	\$ _____	(0.0005) Times the Job Valuation
<b>SAC CHARGE:</b>	\$ _____	
<b>CONTRACT LICENSE:</b>	\$ _____	
<b>TOTAL DUE:</b>	\$ _____	Make Checks Payable to the City of Columbia Heights