

ePlans COMMERCIAL BUILDING PERMIT APPLICATION

THIS APPLICATION IS FOR A **BUILDING PERMIT ONLY**, with **ELECTRONIC** plan review
 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

Project Description

CONTINUED ON REVERSE

Applicant Contact Information

(Contact person for plan review, applicant is responsible for ePlans tasks. Applicant must sign application below)

Applicant Name _____ Phone # _____

Cell # _____ Email Address: _____

Construction Contact Information

(Contact person during construction)

Contact Name _____ Phone # _____

Cell # _____ Email Address: _____

Architect Information

Company Name _____ Contact Person's Name: _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email Address: _____

Additional Contact for Plan Review

By checking this box, I would like the Person listed below to be added to my project in ePlans. I understand that they will have the same rights in the project as the applicant and that it is my responsibility to work with them who will be accepting, doing, and completing the tasks during plan review (please see the ePlans Overview Guide for more information).

Company Name _____ Contact Person's Name: _____

Phone # _____ 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 fees incurred during the plan review process including all permit fees and that I am requesting approval for the electronically submitted documents for construction. I understand that it is my responsibility, as applicant, to submit all required documents and resubmittals as required by the City of St. Cloud. 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

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.