



# Commercial Building Permit Application

Separate trade permits required for projects involving HVAC, Plumbing, Electrical, Fire and Environmental Health.

\*\*\*COMMERCIAL WORK ONLY\*\*\*

Application Number PRBD20\_\_\_\_\_

Applicant is (choose one)     Contractor     Owner     Architect/Engineer     Permit Service

Property Address of Project \_\_\_\_\_

Tenant Name \_\_\_\_\_ Unit/Suite \_\_\_\_\_

Work Description \_\_\_\_\_

Applicant Valuation (Project Cost) \$ \_\_\_\_\_ (includes labor and materials)

### Contractor

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Applicant E-mail \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Superintendent Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Architect/Engineer (if applicable)

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Applicant E-mail \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Work Items (check all that apply)

<input type="checkbox"/> Addition	<input type="checkbox"/> Cellular Tower/Antenna	<input type="checkbox"/> Fence (height 7+ FT)
<input type="checkbox"/> Detached Accessory Bldg (200+ SQ FT)	<input type="checkbox"/> Commercial Kitchen	<input type="checkbox"/> Retaining Wall
<input type="checkbox"/> New Building	<input type="checkbox"/> Siding/Exterior Finish Work	
<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Tenant /Building Remodel	Provide Linear FT _____
Provide SQ FT _____	<input type="checkbox"/> Other	Provide Height _____

The undersigned hereby represents and acknowledges, under all penalties of law, that this application is not a permit, and that, for the purpose of allowing the City of Bloomington to take the action herein requested, all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Bloomington, the State of Minnesota, and other applicable regulations.

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT STAFF ONLY**

CD Planner Initials \_\_\_\_\_ Council Conditions? Y / N Case Number \_\_\_\_\_  
Plan Reviewer Initials \_\_\_\_\_ Break apart plans/route? Y / N  
SAC Review Required? Y / N Environmental Health Plan Review Required? Y / N  
Additional Permits Required  Electrical  Mechanical/HVAC  Plumbing  Fire  EH  
Construction Type(s) \_\_\_\_\_ Occupancy Group(s) \_\_\_\_\_  
Number of ... Units \_\_\_\_\_ Stories \_\_\_\_\_ Parking Spaces \_\_\_\_\_ Building Area \_\_\_\_\_ (SQ FT)  
Publicly Owned? Y / N Public Housing? Y / N

**Permit Fees, SAC Units, and Conditions**

**Office Valuation \$** \_\_\_\_\_

- |   |                               |          |
|---|-------------------------------|----------|
| <input type="checkbox"/> Plan Check Fee           | Add'l Plan Check Fee          | \$ _____ |
| <input type="checkbox"/> Certificate of Occupancy | Other Permit Fee(s)           | \$ _____ |
| <input type="checkbox"/> Double Fee               | Plan Changes (No. of hours)   | _____    |
| <input type="checkbox"/> City Surcharge           | No. of Additional Inspections | _____    |

**SAC Units** Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Apt. w/central laundry \_\_\_\_\_ Apt. w/indiv laundry \_\_\_\_\_

Conditions of Issuance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed Electronically-Office plans are in Cityview

**Plan Reviewer Signature** \_\_\_\_\_ **Date Approved** \_\_\_\_/\_\_\_\_/\_\_\_\_