

**City of**  
**St. Paul Park**  
600 Portland Avenue  
St. Paul Park MN 55071  
(651) 459-9785

**Fee: \$25.00**

**BUSINESS LICENSE APPLICATION**

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

Owner's Full Name: \_\_\_\_\_

Owner's SSN or MN Tax ID #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

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Name of Business: \_\_\_\_\_

Type of Business (describe): \_\_\_\_\_

Location of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Hours: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date of Possession: \_\_\_\_\_

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Key Holder #1: \_\_\_\_\_  
*Name* *Phone*

Key Holder #2: \_\_\_\_\_  
*Name* *Phone*

Key Holder #3: \_\_\_\_\_  
*Name* *Phone*

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***Office Use Only***

Zoning Classification: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Reviewed/Approved by: \_\_\_\_\_



# City of St. Paul Park

## BUILDING/ZONING PERMIT APPLICATION

**PERMIT #**  
**DATE/BY** \_\_\_\_\_

Permit Fee \_\_\_\_\_  
 Plan Review \_\_\_\_\_  
 Fireplace \_\_\_\_\_ s/c \_\_\_\_\_  
 Plumbing \_\_\_\_\_ s/c \_\_\_\_\_  
 Mechanical \_\_\_\_\_ s/c \_\_\_\_\_  
 Water meter \_\_\_\_\_  
 WAC \_\_\_\_\_  
 SAC \_\_\_\_\_  
 Metro SAC \_\_\_\_\_  
 State Surcharge \_\_\_\_\_  
 Admin Fee \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**Construction Site Address:**  
 \_\_\_\_\_  
**RESIDENTIAL: Pre-1978? Y N**  
**If Yes, Lead Cert. #** \_\_\_\_\_

Legal Description (Lot, Block, Subdivision)  
 \_\_\_\_\_  
 PID # \_\_\_\_\_

**Owner's Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Alt. Phone** \_\_\_\_\_

**Contractor** \_\_\_\_\_ **License #** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_ **Alt. Phone** \_\_\_\_\_

**Zoning District**  
 \_\_\_\_\_

**Non-Residential Project**  
**Type of Const.** \_\_\_\_\_  
**Use of Building** \_\_\_\_\_  
**Occupancy Group** \_\_\_\_\_  
**Occupancy Load** \_\_\_\_\_

**\*\* Attach Project Layout, Site Plan and Complete Construction Details\*\***

<input type="checkbox"/> New Construction	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Porch	<input type="checkbox"/> Siding	<b>SEPARATE PERMIT REQUIRED FOR ELECTRICAL WORK</b>
<input type="checkbox"/> Addition	<input type="checkbox"/> Garage	<input type="checkbox"/> Remodel	<input type="checkbox"/> Sign	
<input type="checkbox"/> Deck	<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Roof	<input type="checkbox"/> Windows	
<input type="checkbox"/> Demo	<input type="checkbox"/> Pool	<input type="checkbox"/> Shed	<input type="checkbox"/> Other (describe) _____	

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Square Feet \_\_\_\_\_ **Construction Value \$** \_\_\_\_\_

I hereby agree that any work done will be in accordance with all building codes and ordinances adopted by the City of St. Paul Park.

\_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

City of St. Paul Park • 600 Portland Avenue • St. Paul Park MN 55071 • Phone 651-459-9785 • Fax 651-459-6144 • Email [city@stpaulpark.org](mailto:city@stpaulpark.org)

**TO SCHEDULE INSPECTIONS CALL:**  
**651-458-2804 Mon. – Fri. 7:30 a.m. – 4:30 p.m.**  
**24 HOUR NOTICE REQUIRED**



# City of St. Paul Park

600 Portland Avenue ♦ St. Paul Park MN 55071 ♦ 651-459-9785

## Commercial Plan Review Supplement -Tenant Build Out

Please provide the following information and documentation referencing the 2007 MN State Building Code to accompany the building permit and project plans submitted for review to the Building Division.

**Project Name/Address:** \_\_\_\_\_

- Completed Building/Zoning Permit Application.** Separate permits are required for electrical, mechanical, plumbing, fire suppression, and signage work.
- Scaled floor plan(s) with all rooms labeled as to use.**
- Submittal must include summary details below, or separate sheet identifying:**
  - building construction type: \_\_\_\_\_
  - tenant use: \_\_\_\_\_
  - tenant occupancy classification: \_\_\_\_\_
  - total occupant load: \_\_\_\_\_
  - total square footage (all levels): \_\_\_\_\_
  - travel distance to exits: \_\_\_\_\_
  - original building design (circle one) **Separated**      **Non-separated**

**Information provided by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print Name/Phone # of contact person)

**The following information must also be provided if/as applicable to the project:**

- Energy Calculations
- Mechanical engineering report assuring compliance with the minimum heating, cooling and ventilation requirements of the International Mechanical, ASHRAE Standards and Fuel Gas code.
- Restroom facilities fixture count compliant with IBC Chapter 29.
- Accessible restrooms, hardware, signage, access aisles, seating, service counters, tables and parking details.
- Exit signage and egress illumination.
- Exiting hardware and appropriate signage identified.
- If the building or space is provided with an Automatic Fire Suppression System, provide a report from a qualified fire suppression service for review by the City Fire Marshal to assure compliance with the State Fire Code.
- Sewer Access Connection [SAC] units as determined by Metropolitan Council of Environmental Services. Call 651-602-1118 for plan review/submittal requirements.
- Plumbing Plan Review/Approval document from MN Dept of Labor & Industry. Call: 651-284-5067.
- Review/approval document from Washington County Environmental Health. Call: 651-430-6688.
- Assure that all contractors are licensed.

For additional information or confirming details pertinent to this project contact **Building Official Bob LaBrosse**, by phone: 651-458-2828, by fax: 651-458-2881, e-mail: [blabrosse@cottage-grove.org](mailto:blabrosse@cottage-grove.org)



Sewer Availability Charge (SAC)  
**DETERMINATION APPLICATION**

<b>Please Type or Print Clearly and Complete Form In Full</b>			
<b>NEW</b>	PROJECT TYPE: <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Finish		
	Business Name		Type of Business
	Site Address (if address not assigned – street intersections in lieu of street address)		City Name
	Site Location (ex. Mall of America, Oaktown Office Park, etc.)	Suite Number	Date of Occupancy From: To:
	Project Description		
Original Building Construction Date		Parcel Identification Number (PID)	
<b>PREVIOUS</b>	Business Name (at this location)		Type of Business
	Site Address	Suite Number	Date of Occupancy From: To:
	Has or Will the Building Be Demolished? <input type="checkbox"/> Yes <input type="checkbox"/> No		Demolition Date
<b>CONTACT</b>	Contact Name		Phone Number
	Company Name		
	Complete Mailing Address		
	Email Address		

**Include**

**SUBMITTAL CHECKLIST**

- Complete SAC Determination Application Transmittal
- Architectural Floor Plans – 1 set; PDF floor plans are preferred (**No Spec Books**)
  - Must be same plan as submitted to the City for their review
  - Scalable or with individual room dimensions for each room/space
  - Room Schedule, showing room use (if not specified on plan)
  - Seating layout (if restaurant, bar or theater) – Indoor and outdoor seating
  - Plumbing fixture layout (if clinic, hospital or parking garage)
- Demolition Plans (if existing or remodel) – 1 set- include room schedule
- SAC Affidavit, Reclaim, Transmittal-B and/or Transmittal-C forms (if applicable)

See "Additional Submittal Requirements" page for further submittal requirements

Submit all of the above to the attention of "SAC Program" at the address on the top of page or by PDF document to [SACprogram@metc.state.mn.us](mailto:SACprogram@metc.state.mn.us)