

City of Shakopee

129 Holmes St. S. Shakopee, MN 55379

Inpsection: 952.233.9396

Building: 952.233.9397

Fax: 952.233.3801



Application Commercial Building Permit

Date _____

Permit No. _____

Site Address	_____
Legal Description	Lot _____ Block _____ Addition _____

Applicant: Owner _____ Contractor _____ Designer/Architect _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor Designer/Architect	Company _____ Phone No. _____
	Contractor Registration License No.: _____ Expiration Date _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Bldg Permit Type:	<input type="checkbox"/> 03 - Multifamily	<input type="checkbox"/> 07 - Commercial	<input type="checkbox"/> 11 - Fences	<input type="checkbox"/> 16 - Razing
		<input type="checkbox"/> 08 - Industrial	<input type="checkbox"/> 12 - Pools	<input type="checkbox"/> 17 - Apartments
		<input type="checkbox"/> 09 - Other _____	<input type="checkbox"/> 14 -Grade./Found'n	<input type="checkbox"/> 21 - ReRoof
			<input type="checkbox"/> 15 - Moving	
Work Type:	<input type="checkbox"/> 01 - New	<input type="checkbox"/> 03 - Addition	<input type="checkbox"/> 06 - Interior. Finish	<input type="checkbox"/>
	<input type="checkbox"/> 02 - Remodel/Alt.	<input type="checkbox"/> 04 - Repair	<input type="checkbox"/> 05 - Replace	<input type="checkbox"/>
Office Use	<input type="checkbox"/> 01 - Footing	<input type="checkbox"/> 04 - Insulation	<input type="checkbox"/> 07 - I.S.T.S.	<input type="checkbox"/> 08 - Other
Required Inspections	<input type="checkbox"/> 02 - Foundation	<input type="checkbox"/> 06 - Final	<input type="checkbox"/> 09 - Fireplace	_____
	<input type="checkbox"/> 03 - Framing			

Description of Project: _____

Estimated Value of Work \$ _____

Height _____ Length _____ Width _____ No. Of Dwelling Units _____ Stories _____

Notes to Applicant:

1. Separate permits are required for electrical, plumbing, mechanical, sewer and water service and individual sewage treatment systems.
2. This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.
3. Comply with City Code prohibitions and limitations of construction on City or Shakopee Public Utilities easements, SEC. 4.03.
4. Plan review normally required ten (10) working days from receipt f the **COMPLETE** application **AND** required information. You will be contacted with the building permit fee once completed. Upon receipt of the payment, the permit will be issued.

Permit and Plan Review Fee are based on City Code 4.05.

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.

ARRANGE FOR INSPECTIONS 24 HRS IN ADVANCE

Applicant's Signature/Date

Plan Review Submittal Checklist

- ___ Completed Application
- ___ Four (4) Site Plans (Civil Plans)(See attached submitted checklist)
- ___ Four (4) Landscape Plans
- ___ Three (3) Parking Lot Plans
- ___ Three (3) Complete Sets of Architect Plans Plus One (1) ½ size for Fire Department
- ___ THREE (3) Mechanical Plans
- ___ One set of compliance forms (ashrae90.1-2004) www.ashrae.org/technology/page97 Mn energy code 1323
- ___ Three (3) Plumbing Plans
- ___ Three (3) Site Utility and plumbing riser diagram (SPUC)
- ___ SPUC Application
- ___ Three (3) Electrical Plans
- ___ Two (2) Specification Manual
- ___ Three (3) Structural
- ___ One (1) Soil Test Report – If Available
- ___ One (1) Fire Safety Code Review (to include the following)
 - Fire Sprinkler Systems required
 - Special hazard fire protection system requirements
 - Fire Alarm system requirements
 - Smoke control system requirements
 - Heat Removal system requirements
- ___ Keyed Lock Box Application (Fire Department)
- ___ Special Inspection Agreement

Zone	Type of Const.	Total Sq. Ft.	Occupancy Group	Fire Sprinklers Required	

Permit Approved By:

- _____
SPUC Date
- _____
Natural Resource Date
- _____
Fire Prevention Date
- _____
Community Development Department Date
- _____
Engineering Department Date
- _____
Building Department Date

Notes:

