



COMMERCIAL BUILDING Permit Application

Office Use Only

Notes: Scan

Permit Total: \$ _____

City of Elk River

Building Safety Division

13065 Orono Parkway NW • Elk River, MN 55330

763.635.1060 • E-mail: Building@ElkRiverMN.gov

Date: _____

Permit #: _____

Site Address: _____ PID # _____

Subdivision _____ Lot _____ Block _____

Property Type: Commercial Industrial Institutional

Construction Type: New Addition Remodel Repair Alteration Other _____

The Applicant Is: Owner Contractor Other _____

Property Owner:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Contractor:

Business Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Office Phone _____ Cell _____

Email _____

Architect/Engineer:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

• PLEASE COMPLETE OTHER SIDE OF APPLICATION •

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Permit fee: _____ Plan check fee: _____ State surcharge fee: _____ Sewer fee: _____ License fee: _____

Construction type: _____ Occupancy group: _____ Division: _____ Total SQ FT _____ Max Occupancy Load _____

Approved by: _____ Date: _____ Called or L/M Date: _____ Int. _____

Detailed description of work:

* Please note: Separate permits are required for electrical, plumbing, and/or mechanical work.

Total Job Valuation \$ _____

Payment Options:

- Call me for credit card payment** (If different than above, please note: Phone: _____)
- Send Check** (Please make checks payable to the City of Elk River)
- Pay in person via Credit Card, Check, or Cash**

Receipt of Permit Options:

- Email permit** (If different than above, please note: Email : _____)
- Pick up in person** (All permits with plans needs to be picked up)

----- **This is an application for a permit – It is not valid until processed** -----

I hereby apply for a Building Permit, and I acknowledge that the information above is complete and accurate. I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/mechanical codes and regulations.

I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

Signature of Contractor/Responsible Party

Print Name

Date

Signature of Property Owner

Print Name

Date