



City of South St. Paul
 125 3rd Avenue North
 South St. Paul, MN 55075
 Phone: (651) 554-3220
 Fax: (651) 554-3271

For Office Use	
Permit #:	_____
Permit Fee:	_____
Date Received:	_____
Date Issued:	_____

BUILDING PERMIT APPLICATION

Date: _____ Site Address: _____ Unit #: _____ PID # _____

PROPERTY OWNER	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-mail: _____ Rental Property? <input type="checkbox"/> Yes <input type="checkbox"/> No
TENANT/LEASE HOLDER	Name: _____ Phone: _____ Address / City / Zip: _____
TYPE OF WORK	Description of work: _____ Construction Cost/Value: _____ Multi-Family Building: (Yes <input type="checkbox"/> / No <input type="checkbox"/>)
CONTRACTOR	Company: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ Lead Certificate: _____ E-mail: _____
ARCHITECT/ ENGINEER	Name: _____ Registration #: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Contact Person: _____ Email: _____
If the project is exempt from lead certification, please explain why: (see Page 2 for additional information)	
Comments: _____ _____ _____	

This permit expires if work does not commence within 180 days of issuance or if work is suspended or abandoned for a period of 180 days. All exterior work covered by this permit must be completed within 180 days of issuance. The Building Official may grant a one-time extension of up to 180 days upon written request with justifiable cause demonstrated. All work - any work that wishes to be recommenced on an expired permit requires a renewal permit. The fee will be half the cost of the original permit.

The undersigned hereby makes application for a permit for the work specified herein, agreeing to do all the work in strict accordance with South St. Paul City Ordinances, applicable codes, and rulings of the Building Official; and, hereby declares that this application has been reviewed and all facts are true and correct.

x _____
Applicant's Signature

BUILDING PERMIT TYPES

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Drywall/Sheetrock | <input type="checkbox"/> Other | <input type="checkbox"/> Stairway |
| <input type="checkbox"/> Alteration/Remodel | <input type="checkbox"/> Doors/Windows (2 or more) | <input type="checkbox"/> Porch (3 Season) | <input type="checkbox"/> Storm Damage |
| <input type="checkbox"/> Basement Finish | <input type="checkbox"/> Egress Window | <input type="checkbox"/> Porch (4 Season) | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Chimney Repair | <input type="checkbox"/> Fire Repair | <input type="checkbox"/> Porch (Gazebo/Pergola) | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Foundation | <input type="checkbox"/> Public Facility | <input type="checkbox"/> Townhome |
| <input type="checkbox"/> Communication Tower | <input type="checkbox"/> Garage | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Two-Family Residential |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Garage Door (overhead) | <input type="checkbox"/> Roof | <input type="checkbox"/> Water Damage |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Handicap Accessibility | <input type="checkbox"/> Siding/Soffit/Fascia | |
| <input type="checkbox"/> Door/Window (1 opening) | <input type="checkbox"/> Insulation | <input type="checkbox"/> Single Family Residential | |
| <input type="checkbox"/> Drain Tile | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Solar Energy | |

WORK TYPES

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other | <input type="checkbox"/> Replace |
| <input type="checkbox"/> Foundation/Grading | <input type="checkbox"/> Move Building | <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Tenant Finish |
| <input type="checkbox"/> Interior Demo Only | <input type="checkbox"/> New | <input type="checkbox"/> Repair | |

DESCRIPTION

- | | | | | | |
|----------------------|-------|-----------------|-------|------------------|-------|
| # of Units | _____ | Stories | _____ | Set Back - Front | _____ |
| # of Buildings | _____ | Square Feet | _____ | Set Back - Rear | _____ |
| Type of Construction | _____ | Length | _____ | Set Back - Side | _____ |
| Occupancy | _____ | Width | _____ | Set Back - Side | _____ |
| Code Edition | _____ | Fire Sprinklers | _____ | Zoning | _____ |

REQUIRED INSPECTIONS

- | | |
|--|--|
| <input type="checkbox"/> Address Numbers | <input type="checkbox"/> Plumbing: ___ Rough In ___ Final |
| <input type="checkbox"/> Combustion Air | <input type="checkbox"/> Poured Wall |
| <input type="checkbox"/> Drain Tile: ___ Rough In ___ Final | <input type="checkbox"/> Radon Control |
| <input type="checkbox"/> Drywall/Sheetrock | <input type="checkbox"/> Retaining Wall: ___ Footings ___ Backfill ___ Final |
| <input type="checkbox"/> Footings | <input type="checkbox"/> Roof: ___ I/W (pics ok) ___ Decking ___ Insulation |
| <input type="checkbox"/> Forms/Slab | <input type="checkbox"/> Siding: ___ Wrap (pics ok) ___ Lath ___ Brick |
| <input type="checkbox"/> Foundation/Waterproofing | <input type="checkbox"/> Smoke/CO Detectors |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Wallboard/Sheathing |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Window(s)/Door(s) |
| <input type="checkbox"/> Lath/Paper/Stucco | <input type="checkbox"/> Final / No Certificate of Occupancy |
| <input type="checkbox"/> Mechanical: ___ Rough In ___ Air Test ___ Final | <input type="checkbox"/> Final / Certificate of Occupancy |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Final/ Certificate of Occupancy w/Fire Marshal |

Building Official/Date _____ **Planning/Zoning/Date** _____ **Engineering/Date** _____

FEE CALCULATIONS

- | | |
|---------------------------|-------|
| Base Fee (Permit) | _____ |
| Plan Review (25% to 100%) | _____ |
| License Verification Fee | _____ |
| MCES SAC Units _____ | _____ |
| Escrow | _____ |
| State Surcharge | _____ |
| Park Dedication Fee | _____ |
| TOTAL | _____ |

LEAD CERTIFICATION EXEMPTION

- Check Appropriate Box**
- The applicant is not a Minnesota licensed residential contractor, residential remodeler or roofer.
 - The building was constructed after 1978.
 - The structure is not residential housing or a child occupied facility.
 - The renovation will not disrupt 6 square feet or more of painted surface per room for interior activities, or 20 square feet or more of painted surface for exterior activities, and does not involve windows.