CITY OF EDINA

4801 50th Street West, Edina, MN 55424-1394

Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.cityofedina.com/building

PERMIT NUMBER

HERITAGE LANDMARK CASE NUMBER

for office use only

Building Permit Application

PRINT OR TYPE APPLICATION

Site Information

Address_____ Suite/Unit number_____

Lot_____ Block_____ Subdivision_____

Tenant/Building name_____

Year structure built _____

Work Description

Proposed starting date_____ Completion date_____

☐ 1 New ☐ 2 Addition ☐ 3 Alteration ☐ 3 Remodel ☐ 4 Repair ☐ 4 Replace

☐Single Family Detached	☐3&4 Family Residential	☐Recreation/Amusement	☐Private School
☐Single Family Attached	☐5 & More Residential	☐Grade/Fill/Excavate Only	☐Church/Religious Bldg
☐Residential Garage/Addn	☐Office/Warehouse	☐Demolition Single Family	☐Hospital/Institutional Bldg
☐Residential Addition/Porch	☐Restaurant	☐Demolition 2 Family	☐Antenna/Tower/Dish/Etc.
☐Residential Deck/Shed	☐Office/Bank/Professional	☐Demolition 3&4 Family	☐Other Nonresidential Bldg
☐Reroof	☐Retail Store	☐Demolition 5&More Family	☐Pools
☐Interior Remodel	☐Hotel/Motel	☐Other Demolition	☐City Owned
☐Basement Finish	☐Parking Garage/Ramp	☐Industrial Building	☐Heritage Landmark District
☐2 Family Residential	☐Service Station/Repair Garage	☐Public School	☐ Retaining Wall

Job Description_____

_____

Construction Type _____ Occupancy Classification _____ Fire Sprinklered ☐Yes ☐No

Project Valuation

Applicant is

☐Owner ☐Contractor ☐Designer

Contractor Information

Company name_____ Contact name _____

Address_____ City_____ State_____ Zip_____

Phone_____Cell_____ EMail_____Fax_____

Contractors License #_____ ☐ _____ Lead Certification # _____ ☐☐ _____

Designer Information

Company name_____ ☐Architect ☐Engineer ☐Designer

Address_____ City_____ State_____ Zip_____

Contact person name_____ MN License/Registration #_____

Phone_____Cell_____Email_____Fax_____

COMPLETE APPLICATION ON REVERSE SIDE

Owner Information

Name_____

Address_____

City_____ State_____ Zip_____

Phone_____Cell_____Email_____Fax_____

Applicant Signature

I hereby apply for a permit and attest to the following:

All information on this application is complete and accurate.

All work will comply with Edina City Code and Minnesota State Building Code.

I understand this is an application only, not a permit. Work will not start without an approved permit.

All work will be done according to plans approved by the City of Edina when approved plans are required.

Erosion and sediment control, when applicable, will be installed before starting work.

Existing grades and drainage will not be altered without approved grading/drainage plans and schedule.

Applicant's signature_____ Date_____

Applicant's printed or typed name_____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twenty-four months. I also acknowledge that, because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature_____ Date_____

Homeowner's typed or printed name_____

Contact the Minnesota Department of Labor and Industry to determine if a contractor is licensed or exempt or to check on contractor status. Metro 651-284-5005, Outstate: 1-800-342-5354 or www..dli.mn.gov and follow links to License Lookup

Approvals

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Building Inspections Dept
By_____ Date_____

Engineering Dept
By_____ Date_____

Planning Dept/Heritage Preservation Board
By_____/_____ Date_____/_____

Health Dept
By_____ Date_____

Fire Dept
By_____ Date_____

Assessing Dept
By_____ Date_____

Fees

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Permit fee ☐Yes ☐No _____

Plan review fee ☐Yes ☐No _____

State surcharge ☐Yes ☐No _____

Contractor license fee ☐Yes ☐No _____

Investigation fee ☐Yes ☐No _____

SAC fee ☐Yes ☐No _____# of units _____

Sewer assessment ☐Yes ☐No _____

Water assessment ☐Yes ☐No _____

Sewer REC ☐Yes ☐No ____# of units _____

Water REC ☐Yes ☐No ____# of units _____

_____ _____

TOTAL _____