

COMMERCIAL PERMIT APPLICATION

CITY OF CHANHASSEN

7700 MARKET BLVD ♦ PO BOX 147 ♦ CHANHASSEN, MN 55317

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BUILD

ZONE

A GENERAL INFORMATION

Site Address: _____
Building Manager: _____ Phone: _____
Address _____ City _____ State _____ Zip _____
If different than site address
Occupant/Tenant: _____
Contact Person: _____ Phone (W): _____ (C): _____ (F) _____
Parcel Identification Number: _____ Zoning District: _____
Variance required: Yes No Planning Dept. Case Number: _____
Is there a water feature within 75' of any property lines? Yes No
Is the property in a floodplain? Yes No If YES, Complete Certificate of Compliance for Authorized Floodplain Development.
Sewer Available: Yes No City Water Available: Yes No

B. NEW COMMERCIAL AND INDUSTRIAL

New Alter Repair Addition Tenant Finish Other Square Footage: _____ Construction Type: _____
Location in Building: _____ Proposed Use: _____
Description of Work: _____
Sprinkled: Yes No Occupancy Classification(s): _____
HVAC System: Gas Oil Electric A/C Forced Air Space Heat Hot Water Steam
Land Value: _____ Acreage: _____ Value of Improvement: _____

C TENANT IMPROVEMENTS

New Alter Repair Square Footage: _____ Construction Type: _____ Occupancy Classification(s) _____
Location in Building: _____ Proposed Use: _____
Description of Work: _____
HVAC System: Gas Oil Electric A/C Forced Air Hot Water Sprinkled: Yes No
Adjoining Tenants:
Name: _____ Address: _____ Occupancy Classification: _____
Name: _____ Address: _____ Occupancy Classification: _____
Proposed Use: _____ Value of Improvement: _____

D APPLICANT'S INFORMATION

THIS IS AN APPLICATION FOR A PERMIT. IT IS NOT THE ACTUAL PERMIT.
THE UNDERSIGNED STATES THE INFORMATION PROVIDED IS ACCURATE AND AGREES TO DO ALL WORK IN ACCORDANCE WITH THE CHANHASSEN CITY CODE AND THE MINNESOTA STATE LAWS REGULATING BUILDING CONSTRUCTION.
CONTRACTOR/APPLICANT: _____
CONTACT PERSON: _____ E-MAIL: _____
ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____
PHONES (W) _____ (C) _____ (F) _____
License Number: _____ Type: _____ Expiration Date: _____
SIGNATURE: _____ DATE: _____
SIGNER MUST BE HOMEOWNER, CONTRACTOR, CONTRACTOR'S AGENT OR EMPLOYEE

OFFICE USE ONLY

APPROVALS

INSPECTIONS: _____ Date: _____
PLANNING: _____ Date: _____
FINANCE: _____ Date: _____
ENGINEERING: _____ Date: _____
PARK & REC: _____ Date: _____
FIRE MARSHAL: _____ Date: _____
WATER RESOURCE: _____ Date: _____

FEEES

VALUATION \$ _____
Permit Fee ----- _____
Plan Review Fee----- _____
State Surcharge----- _____
SAC Fee (____ Units)---- _____
Sewer Surcharge----- _____
Park Dedication Fee----- _____
Trunk Water Hookup---- _____
Trunk Sewer Hookup---- _____
Water Meter ----- _____
Technology Fee ----- _____
Erosion Control Escrow- _____
_____ ----- _____
_____ ----- _____
TOTAL PERMIT FEE \$ _____

DATE RECEIVED