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.ci.edina.mn.us

PERMIT NUMBER
APPROVED BY
FOR OFFICE USE ONLY

GRADING/LANDSCAPING CERTIFICATION

PROPERTY INFORMATION

Address_____ PID Number_____

Property Owner_____ (Owner verification may be required)

OwnerAddress_____City_____State_____Zip_____

Home Phone _____Work Phone _____Cell _____Fax_____

The purpose of this certification is to provide the City with information on parties responsible for grading or landscaping that may be occurring on the subject property. This information will enable City staff to deal with the appropriate individuals should problems or issues arise in connection with grading or landscaping on the subject property or adjacent properties.

Read and complete applicable SECTION(S)

SECTION I

- There will be no grading ☐, no landscaping ☐ associated with this permit at the above address. Excess soil will be exported from site.
- There will be grading ☐, landscaping ☐ associated with this permit at the above address. Complete **SECTION II (CONTRACTOR)** and/or **SECTION III (PROPERTY OWNER)**

SECTION II – To be completed by contractor, if applicable

The **CONTRACTOR** to whom the permit was issued is responsible for the grading ☐, landscaping ☐, at the above address. It is understood grading and/or landscaping may not commence without City approved grading and/or landscaping plans.

SECTION III – To be completed by property owner, if applicable

The **PROPERTY OWNER** is responsible for the grading ☐, landscaping ☐, at the above address associated with this permit. It is understood separate, additional plans and a separate permit is required prior to any grading and/or landscaping.

A permit may be required by the applicable WATERSHED DISTRICT in addition to City permits.

Contractor Information

Company Name _____Contact Person _____

Address: _____City _____State _____Zip _____

Phone:_____Cell_____Fax_____

Contractor and Property Owner signature and date REQUIRED on ALL Certifications

Property Owner Signature_____Date_____

Contractor Signature_____Date_____