



# CITY OF EDINA

4801 50<sup>th</sup> Street West, Edina, MN 55424-1394  
Building Inspections Division  
(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379  
www.EdinaMN.gov/Building

**PERMIT NUMBER**  
  
**HERITAGE LANDMARK  
CASE NUMBER**  
  
For office use only

**Use with paper submittals only**  
**\*\* Application fees due at time of submittal \*\***

## 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

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

Job Description \_\_\_\_\_

Construction Type: \_\_\_\_\_ Occupancy Classification: \_\_\_\_\_ Fire Sprinkler System  Yes  No

### Project Valuation

### Applicant is

Owner       Contractor       Designer

### Contractor Information

Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Contractor's License # \_\_\_\_\_ Lead Certification # \_\_\_\_\_

### Designer Information

Company name: \_\_\_\_\_  Architect       Engineer       Designer  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact person name: \_\_\_\_\_ MN License/Registration # \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**COMPLETE APPLICATION ON REVERSE SIDE**

**Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**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.

\*Effective **July 1, 2015**: Tree Protection Plan required per [Ordinance No. 2014-25](#).

A permit for any proposed work shall be considered abandoned 180 days after the date of filing(1300.0120, Subp. 9) or last date of inspection(1300.0120, Subp. 10 &amp; 11)

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 [dli.mn.gov](http://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 \_\_\_\_\_

Public Works 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 \_\_\_\_\_Cash Escrow (\$10,000)  Yes  No \_\_\_\_\_

TOTAL \_\_\_\_\_