



CITY OF EDINA
4801 W. 50TH STREET
EDINA, MINNESOTA 55424

APPLICATION FOR MULTI-RESIDENTIAL PARKING
GARAGE LICENSE
FEBRUARY 1, 2010 TO JANUARY 31, 2011

COMPLEX NAME: _____

BUILDING ADDRESS(ES): _____

OWNERS NAME: _____

OWNERS ADDRESS: _____

OWNERS TELEPHONE NUMBER: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE NUMBER: _____

NAME OF CARETAKER OR CONTACT
FOR INSPECTION PURPOSES: _____ PHONE: _____

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Edina is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Edina City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, and Ramsey County Warrant Office. Your signature on this application indicates you understand these rights. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. Please sign below to indicate that you have read this notice:

Signature _____

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address _____ Telephone Number _____

\$48.00 License Fee (enclosed) per multi-residential building or per multi-residential complex located on one tract and under control of one owner _____ License Fee

IF A PRIVATE COMPANY DOES THE INSPECTION:

Submit the license fee only, plus an Inspection Report for **EACH** garage and one Inspector Certification per application

IF THE CITY OF EDINA IS DOING THE INSPECTION:

Submit \$85.00 Inspection Fee per building with parking garage \$85.00 x _____ = _____ Inspection Fee

_____ Total

Date _____

Applicant's Signature

Title

(FOR OFFICIAL USE ONLY)

Approved Health _____ Approved Clerk _____ License Code #1490.4179
Entered in database/date _____ Inspection Code #1490.4351

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)
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BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)
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WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

<input type="checkbox"/> I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

<input type="checkbox"/> I have no employees.
<input type="checkbox"/> I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
<input type="checkbox"/> Other:

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

LICENSE APPLICANT INFORMATION

Under Minnesota law (M.S. 270.72), the agency issuing this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.

License being applied for or renewed: _____

Licensing Authority: _____ City of Edina _____

License Renewal Date: _____

PERSONAL INFORMATION (If applicable):

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

BUSINESS INFORMATION (If applicable):

Business Name: _____

Business Address: _____

Minnesota Tax Identification No. _____

(If a Minnesota Tax Identification number is not required, please explain on the reverse side.)

Federal Tax Identification No. _____

Signature Position Date



EDINA HEALTH DEPARTMENT
4801 WEST 50TH STREET
EDINA, MN 55424-1394
(952) 826-0370

**Carbon Monoxide Monitoring Inspection Form
for Multiple Dwelling Garages**

Complex Name _____ Date _____

Building Address _____ Time _____ am/pm

Ambient Air CO _____ ppm (parts per million) Outdoor Temp _____ F

	<u>Average ppm</u>	<u>High</u>	<u>Low</u>
Parking Garage:	_____	_____	_____
Main Floor/Commons:	_____	_____	_____
Hallways: 2 nd Floor	_____	_____	_____
3 rd Floor	_____	_____	_____
Other	_____	_____	_____

Maintenance
(circle observations)

Garage Exhaust: Fans: On/Off Intake Air Openings: Open/Closed-Gravity/Mechanical
Ceilings/Wall Penetrations sealed? Yes/No* Ducts: Free/Obstructed*
Doors to Dwelling Areas Self Closing? Yes/No* Floor sweeps on garage doors? Yes/No
Air Flow: From Garage to Dwellings/ From Dwellings to Garage/Balanced
Hallway Ventilation: On/Off/None

Ventilation Equipment

Fan Operation: Timer/Sensor (Circle one or both) Make & Model _____

Timer Settings 15 min. per ½ hour; continuous during rush? Yes/No*

Time of day accurate? Yes/No*

Sensor: Calibration Date _____ Fan Activation Level _____ ppm

*Corrective action needed and compliance date(s):

Name of Evaluator: _____

Monitoring Service: City of Edina _____ Other _____

Doors to Dwelling Areas Self Closing, indicate whether the doors between the garage and dwelling spaces are self-closing and operate properly.

Air Flow, indicate whether the air flows from the garage into the dwelling spaces, from the dwelling spaces to the garage or whether there is no air flow (balanced). Observing air movement when the door between the garage and the dwelling spaces is opened slightly can check this.

VENTILATION EQUIPMENT:

Fan Operation, indicate whether a timer or a carbon monoxide sensor activates the fans.

Make and Model, record the make and model number of the timer or sensor.

Time of day accurate, if a timer is used to activate the fans, recheck to see if the time of day matches the time of day when you are there.

Timer Settings, indicate whether the timer is set to operate the exhaust fans for fifteen minutes each half hour. (Minimum setting for exhausting underground parking garages.)

Sensor Calibration Date, indicate when the CO sensor was last calibrated.

Activation Level, indicate at what CO concentration the fan turns on.

CORRECTIVE ACTION NEEDED: Record what actions were needed to correct conditions that were circled as **No*** or **Obstructed***.

NAME OF EVALUATOR: Type or print the evaluator's name.

MONITORING SERVICE: Type or print the name of the Company performing the inspection, if not City of Edina.

**INSPECTOR CERTIFICATION FOR CARBON MONOXIDE MONITORING
OF MULTI-RESIDENTIAL PARKING GARAGES**

Date of Report _____

Name of multiple dwelling or complex _____

Address(es) of building (s) _____

Property Manager
Or Owner receiving report _____

Name of Monitoring Company _____

Address of Monitoring Company _____

Telephone Number _____ Name of Evaluator _____

Qualifications of Evaluator _____

Make and Model of Carbon Monoxide Meter _____

Date of Calibration _____

I certify that the information and statements contained in the attached report are true and accurate and that all data collected was obtained using equipment and methods acceptable to the Sanitarian.

Signed

Date

A separate inspection form must be submitted with this certificate for each licensed garage.



INSTRUCTIONS FOR COMPLETING CO MONITORING INSPECTION FORM

COMPLEX NAME: Print or type the name of the multifamily complex.

DATE: Fill in the date the inspection was made.

BUILDING ADDRESS: Each building with an underground parking garage must have a separate inspection form.

TIME: Time of day the inspection was performed.

AMBIENT AIR CO (PPM): Enter the carbon monoxide concentration of outdoor air.

OUTDOOR TEMP: Enter the outdoor temperature in degrees Fahrenheit.

PARKING GARAGE, MAIN FLOOR/COMMONS, HALLWAYS, ETC. Record the high, low and average carbon monoxide reading observed in the garage, common areas, main floor, and floor hallways. Check the first three floors, the top floor and if there are more, every other floor between third and top floor.

MAINTENANCE:

Garage Exhaust Fans, indicate by circling the proper response whether they were operating or not at the time of the inspection.

Intake Air Openings, indicate whether they were open or closed during the inspection. Also, note whether the intake louvers open when the fans are activated.

Hallway Ventilation, indicate whether the hall ventilation was on or off during the inspection. If the halls are not mechanically ventilated, circle None.

Ceilings/Wall Penetrations, indicate whether the ceilings and walls between the garage and living spaces have all of the plumbing, electrical and other penetrations adequately sealed.