



**SAINT PAUL**  
SAFETY & INSPECTIONS

375 JACKSON STREET, SUITE 220  
ST. PAUL, MINNESOTA 55101-1806  
Phone: 651-266-8989 Fax: 651-266-9124  
Visit our website at [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

# GENERAL BUILDING PERMIT APPLICATION



Select Type of Use:  Commercial  Institutional  Mixed Use  Multi Family  Duplex  Single Family  Accessory

Select Type of Work:  New Construction  Addition  Remodel or Alter  Repair

<b>Site Address</b>	Number	Street Name	Suite/Apt. #	City	State	ZIP	Building/Project Name
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**Description of Project:**

**Project Contacts: (Contact Person & Business Name)**

<b>Applicant</b>	Address	Email
	City State Zip	Phone
<b>Property Owner</b>	Address	Email
	City State Zip	Phone
<b>Architect</b>	Address	Email
	City State Zip	Phone
<b>Contractor</b>	Address	Email
	City State Zip	Phone
<b>Project Manager</b>		
<b>State Building Contractor License #</b>		

Select ONE of the four options below for the Plan Review for this project: For more info about ProjectDox visit our website.

No Plan to be submitted Paper plans (2 copies) Email plans to Plan Review Department (small residential projects only)

Electronic Plan Review via ProjectDox software. REQUIRED email address for upload link:

<b>Existing Use:</b>	<b>Estimated Project Start:</b>		
<b>Proposed Use:</b>	<b>Estimated Project Completion:</b>		
<b>Project Valuation:</b>	<b>Residential Project Information:</b>		
<i>For Mixed Commercial/Residential buildings enter information for BOTH Residential &amp; Commercial Use</i>			
Estimated Value of <b>Institutional</b> Work	\$	Number of Existing Dwelling Units	
Estimated Value of <b>Mixed Use</b> Work	\$	Final Number of Dwelling Units	
Estimated Value of <b>Commercial</b> Work	\$	Number of Dwelling Units impacted	
Estimated Value of <b>Residential</b> Work	\$	Number of Windows Installed	
<b>TOTAL</b> Value of Project	\$	Number of Roofing Squares Installed (1 Square = 100 Square Feet)	
		Number of Siding Squares Installed (1 Square = 100 Square Feet)	

Applicant listed on Building Permit application certifies that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.

<b>APPLICANT NAME (PRINT)</b>	<b>Permit #</b> STAFF USE ONLY
<b>APPLICANT SIGNATURE</b>	<b>Application Date:</b>

**\*Please make sure second page is submitted when turning in application\***

Payment information will be sent to your email with instructions. Please send application to: [DSI-BuildingPlanReview@ci.stpaul.mn.us](mailto:DSI-BuildingPlanReview@ci.stpaul.mn.us); or mail to: 375 Jackson Street, Suite 220, Saint Paul, MN; or walk-ins are accepted

\*Additional information required on back page for New Structure or Addition Projects\*

Please complete this section for New Structure or Addition:		
<b>Structure Dimensions (in feet):</b>	<b>Setbacks from property line (in feet):</b>	Lot Width:
Width:	Front Setback:	Lot Depth:
Length:	Back Setback:	# of Stories
Height:	Side 1 Setback:	Basement <input type="checkbox"/> Y <input type="checkbox"/> N
Total Square Feet (include basement):	Side 2 Setback:	Fire Suppression System (i.e. sprinklers) <input type="checkbox"/> Y <input type="checkbox"/> N

**Public Works Review Required for Paper Plan Review of New Construction and Multifamily Residential or Commercial Additions**

Two (2) complete sets of plans stamped by Public Works must be attached to this paper application

*Paper plans are not required for an Electronic Plan Review project*

<b>Public Works Address:</b> Lot Survey & Legal Description <i>10th Floor City Hall Annex (25 W. 4th Street, St. Paul MN)</i>	<b>Public Works Sewer:</b> Sewer availability <i>7th Floor City Hall Annex (25 W. 4th Street, St. Paul MN)</i>
Stamped By:	Stamped By:
Date:	Date:
Assigned Address:	Is public sewer available? <input type="checkbox"/> Y <input type="checkbox"/> N
Property PIN:	Is an abandonment permit needed? <input type="checkbox"/> Y <input type="checkbox"/> N
Legal Description:	Is there a public sewer within the private property? <input type="checkbox"/> Y <input type="checkbox"/> N
<i>ADDRESS REVIEW</i>	<i>SEWERS REVIEW</i>

**STAFF USE ONLY**

<b>Zoning District:</b>	<b>Existing Use:</b>
<b>Reviewed By:</b> _____ <b>Date:</b> _____	<b>Proposed Use:</b>
<b>Site Plan Review Required?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Plan #</b>
<b>Construction Type:</b>	<b>SPR #</b>
<b>Occupancy Group:</b>	<b>SAC #</b> <b>Charges:</b> <b>Credits:</b>
<b>Building Permit Fee</b> \$ _____	<b>Misc. Fee:</b> _____ \$ _____
<b>State Surcharge</b> \$ _____	<b>Misc. Fee:</b> _____ \$ _____
<b>Plan Check Fee</b> \$ _____	<b>Misc. Fee:</b> _____ \$ _____
<b>SAC Fee</b> \$ _____	<b>Design Review Fee</b> \$ _____
<b>SAC Processing Fee</b> \$ _____	<b>Park Dedication Fee</b> \$ _____
<b>SAC Lift Station Fee</b> \$ _____	<b>Parkland Dedication Admin Fee</b> \$ _____
<b>State Valuation</b> \$ _____	<b>Total Fees</b> \$ _____

Plan Review Remarks:
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