	De	CITY OF epartment of Safe 375 Jackson St St Paul, Minneso	ety and Inspect reet, Suite 220		GF					IT APPLICATION stpaul.gov/dsi	
PROJECT ADDRESS Contractor	Number 19	Street Name WESTED (Include Cont.	DN St. 1	Avc. Blvd. Etc.	N S E		Suite/Apt	Carris	ling Nam	DRE 2/2/12	
OWN.	EN	(Include Cont	act Person)	Address (%)	Comme	AN HO	WATA	Phopy	1/15	Phone 11-	
State Building Property Own		(Include Conta	n Perton)	State, Zip + 4	1 1175	- 1	Fath Act	opl. 1346		Phone Phone	
Coma		the B	MPP	City Stale, Zip + 4						Phone	
64003	きか	as.	1-03-1-32-1	City, State, Zip + 4				/		FRONC	
	Select the T	Type of Work >	□ New	Structure	Add	ition		Remodel/Al	ter	Repair	
Select Ap	plicable Insta	ıllation Below.	Select Ty	Select Type of Use ▶		# of Existing Dwelling Unit			Units	· 49	
	s: # of windows		Resident	Mixed Commercial/ Residential buildings enter information for		Residential: Final # of Dwelling Units			·		
	# of squares	-	both the	both the Residential and Commercial Use.				welling Units Worked Or		10,450	
Siding:	f of squares quare = 100 Squ	Date Fact	Est. Start			Est. Finish		Value of Coml, Work ► \$		10000	
D :::	(D :		Date ▶			Date ► Applicant certifies that all inf				pertinent state egulations and	
	Inder	ior (ex	node (2	city ordinance	S WHITE	e complied w	Applicant's Sig	thework	for which this pennit is issued.	
		PLEASI	COMPLETE T	HIS SECTION O	ONLY FOR NEV	V STRU	CTURE OR	ADDITION			
		Structur	e Dimensior	is (In Feet)				Is a Fire (i.e. – St		ssion System Available?	
Width	Width Length Height !			Total Square Feet include basement)		isement # of		of Stories		Yes No 🗆	
				Ye							
Lot Dimensi		72			acks from Pro	perty I		N. 4 - 1		013-4	
Lot Width	Lot Depth	Fron	ıt	E	Back			Side I		Síde 2	
				For Off	fice Use Only	,					
	Ch	ange/Expansion o	f Use? Yes					SUMI	MARY	OF FEES	
	Existing Primary Use RESTANCIANT CONDOS Occupancy Group A								\$	220.22	
Proposed Prim	- 14		Plan Check Fee		\$	14314					
Zoning Distric	8		State Surcharge		\$	5,00					
PLAN REV.	EW REMARK	S /-/-					SAC		\$	V and is	
OK 51	ructura	L-15K(2/3	112)				SAC Pro	cessing Fee	\$		
							Design R	cvicw Fee	\$	comp	
							Park De	dication Fee	\$	No. of the second	
S.A.C. #: Charge	Credit	Date:	Date: Warn		ning Folder#		Total Permit Fee		368.36		
State Val		10,000	1100		eant Bldg, Fold	eı·#	(For Office U	IT # >	2 - 1	017/014	
Diace Tai	uation: 5	100	, CC				A DARLIVA		/ "		

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☐ MasterCard

☐ Discover

☐ American Express

Enter Account Number ▶ ▶

EXHIBIT 2 - Combined Page 75

GENERAL BUILDING PERMIT APPROVALS & REQUIREMENTS

If you are paying for your permit by American Express, Discover, MasterCard or Visa, you may fax your application.

The credit card information section must be filled in and signed.

Our FAX number is 651-266-9124.

If paying by check, please mail the application and check to us. Make checks payable to: City of St. Paul

FOR NEW CONSTRUCTION AND MULTI-FAMILY RESIDENTIAL OR COMMERCIAL ADDITIONS Building Permit Application and two (2) complete sets of plans must have stamped approval by the following Offices prior to submittal to the plan examination section in DSI at 375 Jackson Street, Suite 220.

REQUIRED	REQUIRED
1) Public Works – 10 th Floor City Hall Annex	2) Public Works – Sewer 7 th Floor City Hall Annex
25 W. 4 th Street	25 W. 4 th Street
(Bring Lot Survey with Legal Description)	(Sewer Size and Location)
Assigned Address:	
Pin # :	
Legal Description:	

FOR OFFICE USE ONLY

Review	Required	Initials/OK	Date	
HPC				Site Plan Review is required for new construct
SITE PLAN REVIEW*				and additions to commercial buildings or resider buildings with 3 or more units.
SPECIAL USE PERMIT				(651-266-9086)
ENVIRONMENTAL / FOOD				

Building Field Inspectors are in the office for inspection requests between 7:30 - 9:00 AM, Monday - Friday. Phone number is 651-266-9002.

Permit Fee Information can be obtained by calling 651-266-8989, Monday - Friday, 7:30 - 4:30.

Visit our Web Site at www.stpaul.gov/dsi