



CITY OF ST PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
 375 JACKSON STREET, SUITE 220
 ST. PAUL, MINNESOTA 55101-1806
 Phone: 651-266-8989 Fax: 651-266-9124
 Visit our Web Site at www.stpaul.gov/dsi

General Building Permit Application



Site Address	Number	Street Name	Suite/Apt. #	City	State	ZIP	Building/Project Name
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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

Description of Project:

Project Contacts: (Contact Person & Business Name)

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

COMMERCIAL NEW AND ADDITION PROJECTS ONLY: Electronic Plan Review Requested Yes No

Paper Plans are not required for an Electronic Plan Review. Please see: www.stpaul.gov/departments/safety-inspections/electronic-plan-review

REQUIRED Email address to receive upload link:

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

APPLICANT NAME (PRINT)	Permit #	STAFF USE ONLY
APPLICANT SIGNATURE	Application Date:	

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; 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:		
Structure Dimensions (in feet):	Setbacks from property line (in feet):	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

Public Works Address: Lot Survey & Legal Description <i>10th Floor City Hall Annex (25 W. 4th Street, St. Paul MN)</i>	Public Works Sewer: 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

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

Plan Review Remarks:
