



COMMERCIAL BUILDING PERMIT APPLICATION



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Property Information	
Site Address:	
	Lot: _____ Block: _____ Addition: _____ PID: _____
Tenant:	
Project Name:	
Anticipated Start Date:	Anticipated Completion Date:
Property Owner Information	
Owner Name:	Owner Phone:
Owner Email:	
Owner Address:	
Property Contact Name:	Property Contact Phone:
Property Contact Email:	
Applicant Information	
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	
Applicant Name:	Applicant Address:
Contact Person:	Contact Phone:
Contact Email:	License or Registration Number:
Type and Detailed Description of Work	
Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Tenant Finish	
Detailed Description of Work to be Performed:	
Is this a state building or state-licensed facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	PDF Submittals: (select all that apply) <input type="checkbox"/> Architectural Plans <input type="checkbox"/> Site Plan or Certified Survey <input type="checkbox"/> Tenant Finish Plans <input type="checkbox"/> Met Council SAC Determination <input type="checkbox"/> Special Inspections Schedule
Has a SAC Determination Application been sent to Met Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the plans copyrighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IBC Occupancy Classification:	
IBC Type of Construction:	
Estimated Value: (Labor & Materials) \$ _____	
I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with provisions of the ordinances of the City of Chaska, and State Building codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit becomes invalid if work is suspended or abandoned for more than 180 days.	
Applicant Signature:	Date:

Permit#: _____
 Received By: _____
 Date: _____