



City of St. Paul Park

600 Portland Avenue
St. Paul Park MN 55071
(651) 459-9785

**CERTIFICATE OF OCCUPANCY OR USE OF
OCCUPANCY PERMIT APPLICATION
IN SUPPORT OF A BUSINESS LICENSE**

Part 1--A Certificate of Occupancy or Use of Occupancy Permit is issued following inspections by the Zoning and Building Official. A new Use and Occupancy is required when a change of tenant/occupant, use, or ownership occurs whether or not construction is needed.

Part 2--Upon approval of the Certificate of Occupancy or Use of Occupancy Permit a Business License will be issued to officially state that the business meets local zoning and safety requirements and may legally operate.

BUSINESS INFORMATION:

Name of Business: _____

Location of Business: _____

Business Phone #: _____

Business Owner's Full Name: _____

Owner's Phone #: _____

TYPE OF BUSINESS:

Describe type of business _____

Describe type of materials stored on site: _____

LOCATION INFORMATION:

Owner of property

Leasing property

Property Owner Name: _____

Property Owner Address: _____

_____ *City* *State* *Zip*

Property Owner Phone Number: _____

PROJECT INFORMATION:

Use of Building: _____ Occupancy Group: _____

Occupancy Load: _____ Square Footage: _____ Zoning District: _____

Off Street Parking: Spaces required: _____ Spaces on Plan: _____

Fire Sprinklers Required: Yes No

Anticipated date of possession: _____

Describe proposed modifications to site: _____

If modifications are being made, please attach the following:

Building/Zoning Permit Application including plans listed in the *Commercial Plan Review Supplemental-Tenant Build Out* check list

Property Owner Signature Required--if leasing the property, the Property Owner must also sign the *Building/Zoning Permit Application* to authorize improvements being made to their property.

If no modifications are needed, please attached the following:

Building/Zoning Permit Application (check the box "other" and indicate "Certificate of Occupancy")

Office Use Only

Building/Zoning Permit Application (signed by both parties, if applicable)

Commercial Plan Review Supplement-Tenant Build Out check list

ZONING REVIEW:

Reviewed/Approved by: _____ Date: _____

OCCUPANCY REVIEW:

Building Official Approval: _____ Date: _____



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Commercial Plan Review Supplement -Tenant Build Out

Please provide the following information and documentation referencing the 2007 MN State Building Code to accompany the building permit and project plans submitted for review to the Building Division.

Project Name/Address: _____

- Completed Building/Zoning Permit Application.** Separate permits are required for electrical, mechanical, plumbing, fire suppression, and signage work.

- Scaled floor plan(s) with all rooms labeled as to use.**

- Submittal must include summary details below, or separate sheet identifying:**
 - o building construction type: _____
 - o tenant use: _____
 - o tenant occupancy classification: _____
 - o total occupant load: _____
 - o totalsquarefootage (all levels): _____
 - o travel distance to exits: _____
 - o originalbuilding design (circle one) **Separated** **Non-separated**

Information provided by: _____ **Date:** _____
(Please Print Name/Phone# of contact person)

The following information must also be provided if/as applicable to the project:

- Energy Calculations

- Mechanical engineering report assuring compliance with the minimum heating, cooling, and ventilation requirements of the International Mechanical, ASHRAE Standards and Fuel Gas code.

- Restroom facilities fixture count compliant with IBC Chapter 29.

- Accessible restrooms, hardware, signage, access aisles, seating, service counters, tables, and parking details.

- Exit signage and egress illumination.

- Exiting hardware and appropriate signage identified.

- If the building or space is provided with an Automatic Fire Suppression System, provide a report from a qualified fire suppression service for review by the City Fire Marshal to assure compliance with the State Fire Code.

- Sewer Access Connection [SAC] units as determined by Metropolitan Council of Environmental Services. Call 651-602-1118 for plan review/submittal requirements.

- Plumbing Plan Review/Approval document from MN Dept of Labor & Industry. Call: 651-284-5067.
Review/approval document from Washington County Environmental Health. Call: 651-430-6688.

- Assure that all contractors are licensed.

For additional information or confirming details pertinent to this project contact **Building Official Bob LaBrosse**, by phone: 651-458-2828, by fax: 651-458-2881, e-mail: blabrosse@cottage-grove.org



City of St. Paul Park

BUILDING/ZONING PERMIT APPLICATION

PERMIT # _____
DATE/BY _____

Construction Site Address: _____
RESIDENTIAL: Pre-1978? Y N
If Yes. Lead Cert. # _____

Legal Description (Lot, Block, Subdivision) _____
PID # _____

Permit Fee _____
Plan Review _____
Grading Review _____
Fireplace _____ s/c _____
Plumbing _____ s/c _____
Mechanical _____ s/c _____
Water meter _____
WAC _____
Water Main Trunk Fee _____
SAC _____
Sewer Main Trunk Fee _____
Metro SAC _____
State Surcharge _____
Admin Fee _____
TOTAL \$ _____

OWNER'S NAME _____
Address _____
City/State/Zip _____
Home Phone _____ Email _____

CONTRACTOR _____ License # _____
Address _____
City/State/Zip _____
Work Phone _____ Email _____

Zoning District _____
Non-Residential Project
Type of Const. _____
Use of Building _____
Occupancy Group _____
Occupancy Load _____

**** Attach Project Layout, Site Plan and Complete Construction Details ****

<input type="checkbox"/> New Construction	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Porch	<input type="checkbox"/> Shed	<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Garage	<input type="checkbox"/> Remodel	<input type="checkbox"/> Siding	_____
<input type="checkbox"/> Deck	<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Roof: <input type="radio"/> Tear Off	<input type="checkbox"/> Sign	SEPARATE PERMIT REQUIRED
<input type="checkbox"/> Demo	<input type="checkbox"/> Pool	<input type="radio"/> Overlay (one layer)	<input type="checkbox"/> Windows	FOR ELECTRICAL WORK

Length _____	Width _____	Height _____	Square Feet _____	Construction Value \$ _____
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I hereby agree that any work done will be in accordance with all building codes and ordinances adopted by the City of St. Paul Park.

Applicant's Signature

Date

City of St. Paul Park • 600 Portland Avenue • St. Paul Park MN 55071 • Phone 651-459-9785 • Fax 651-459-6144 • Email city@stpaulpark.org

TO SCHEDULE INSPECTIONS CALL:
651-458-2804 Mon. – Fri. 7:30 a.m. – 4:30 p.m.
24 HOUR NOTICE REQUIRED



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Fee: \$25.00

BUSINESS LICENSE APPLICATION

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Part 2--Upon approval of the Certificate of Occupancy or Use of Occupancy Permit a Business License will be issued to officially state that the business meets local zoning and safety requirements and may legally operate.

BUSINESS INFORMATION:

Name of Business: _____

Location of Business: _____

Business Phone #: _____

Business Hours: _____

Business Owner's Full Name: _____

Owner' Address: _____

_____ *City* *State* *Zip*

Owner's Phone #: _____

Type of Business: _____

KEY HOLDER INFORMATION:

Key Holder #1 _____
Name Phone

Key Holder #2 _____
Name Phone

Key Holder #3 _____
Name Phone

Applicant's Signature _____ Date: _____

Office Use Only

WC Certificate Dept of Revenue Tennessen Warning

Certificate of Occupancy Approved: _____

Business License Approved and Mailed: _____

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**CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION**

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the social security number of each license applicant (person signing the application).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance.

Please supply the following information and return along with your application:

Type of License:	
Applicant's Name:	
Applicant's Address:	City, State, Zip
Applicant's Phone Number:	
Business Name:	
Business Address:	City, State, Zip
MN Tax ID # OR Social Security Number:	Federal Tax ID #:
If a Minnesota Tax ID number is not required, please explain:	
Signature:	Date:



Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.

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Minnesota Government Data Practices Act – Chapter 13
“Tennessee Warning”

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 5).

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. 13.41, Subd. 2):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes of rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.
8. Social Security number, MN Business Identification Number, and Driver’s License Number
9. Disability Information

Under law, private data may be shared with licensing and inspection employees, approval authorities insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of St. Paul Park may make any data classified as private or confidential accessible to an appropriate person or agency if the license agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Signature of Applicant

Date