



BUILDING PERMIT APPLICATION

Building Safety Department

The City of Vadnais Heights

800 East County Road E • Vadnais Heights, MN 55127

Phone: 651.204.6015 • Fax: 651.204.6100

www.cityvadnaisheights.com

Site Address: _____

Legal Description: _____ (Attach if long)

Property Owner: _____

Address: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____ Cell: ____ - ____ - ____ E-mail: _____

Contractor: _____ State License # _____

Address: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____ Cell: ____ - ____ - ____ E-mail: _____

Describe Work: _____

Plans Submitted (2): _____ Valuation of Work: \$ _____

I certify that all work will be done in accordance with the building codes and ordinances adopted by the City of Vadnais Heights on the date that application is made. I assume full responsibility for the progress and completion of the work authorized by this permit.

Applicant's Signature: _____ Date: _____

Check One: Owner Authorized Agent

Architect, Contractor, or Owner must fill in this section for proposed commercial projects, including additions.

Occupancy(s) _____ Type of construction _____

Square feet per floor _____ Total square feet _____

Number of stories _____ Fire sprinkler system (circle one): Yes No Type _____

For Office Use Only

Permit Number Assigned: _____

Bldg. Permit Approved by: _____

Engineering Approval _____

Planning/Zoning Approval _____

Applicant Contacted - Permit Complete _____

Fees Collected by _____ Date _____

Payment Made by _____ Check# _____

Fees and Charges

Permit Fee _____

Plan Review Fee _____

State Surcharge _____

Met Council SAC _____

COVH SAC _____

COVH WAC _____

Stormwater Fee _____

Storm (85-3/92-1/94-3/97-2) _____

Street Maintenance Fee _____

Other _____

Total Due: \$ _____