



1245 W Hwy 96 \* Arden Hills MN 55112  
 Phone 651.792.7800 \* Fax 651.634.5137  
 Email: CD@cityofardenhills.org

Permit # \_\_\_\_\_  
**BUILDING PERMIT APPLICATION**

(Plan Required – Interior Only)

**Licensing Requirements:**  
 Residential contractors must provide a copy of their current state license or hold a current City contractor's license. Commercial Contractors must be city licensed, annually.

*For Office Use Only:*  
 Date Plan Submitted: \_\_\_\_\_  
 Date Applicant Notified: \_\_\_\_\_

**Property Information**

Property Address:		Bldg./Suite/Location (commercial projects only):	
Owner Name:		Owner Phone Number:	
Email Address:	City:	State:	Zip:

**Applicant/Contractor Information**

<b>Applicant Type:</b> <input type="checkbox"/> Primary Owner (Owners Affidavit Form Required) <input type="checkbox"/> Contractor; License # _____			<i>For Office Use Only:</i> <input type="checkbox"/> Verified <input type="checkbox"/> Verified
<input type="checkbox"/> EPA Certified Lead Renovation Firm <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name (contractors only):		Company Email Address:	
Mailing Address:		City:	State:      Zip:
Contact Name:	Office Phone Number:	Contact Cell Number:	

**Property Use      Construction Type**

<input type="checkbox"/> Commercial	<input type="checkbox"/> Basement Finish	<input type="checkbox"/> Draintile	<input type="checkbox"/> Remodel	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Public	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Repair	<input type="checkbox"/> Other ( complete Project Details)
<input type="checkbox"/> Single family	<input type="checkbox"/> Bedroom	<input type="checkbox"/> Office	<input type="checkbox"/> Finish	<input type="checkbox"/>

**Project Details**

**Describe Work:**

Does Project Require Lead Remediation?	<b>If NO Explain:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	

List All Special Approvals (i.e. variances, CUP's, etc.) or Details of this Project:

Expected Completion Date:	Project Value: (including labor and materials) \$
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<p><b>IMPORTANT NOTICE:</b> Applicant must provide an electronic copy of site plan and building plans requiring plan review. See handouts for requirements of site plan and building plans. Min. 24 hour notice required for all inspections. <b>There is a 10 working day turnaround for all permits requiring plan review.</b> Separate permits are required for electrical, heating and plumbing work.</p> <p><u>This permit becomes null and void</u> if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. By signing this application, you hereby certify that you have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Applicant takes full responsibility for all work performed. Applicant is responsible for all plan check fees if permit is canceled or withdrawn.</p>	Fees	<b>Permit Fee</b> (Based on Project Value with the min. Permit Fee of \$99 – Fees shall be based according to the 2022 State Statute 326B.153)	\$
		<b>Plan Check Fee Residential</b> 65% of permit fee for permits over \$15,000-valuation.	\$
		<b>Plan Check Fee Commercial</b> 65%-of permit fee (If applicable)	\$
		<b>State Surcharge</b> .0005 x PROJECT VALUE	\$
		<b>Residential License Check Fee</b> state licensed contractors only \$5	\$
		<b>SAC/WAC</b> (If applicable) (staff determined)	\$
		_____ Applicant Signature      Date	\$
<b>TOTAL PERMIT FEE</b> ▶ Permit Fee + surcharge)		\$	