



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

Permit # _____

BUILDING PERMIT APPLICATION

(No Plan Needed)

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 Submitted: _____
 Date Applicant Notified _____

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

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

Property Use	Construction Type		
<input type="checkbox"/> Commercial <input type="checkbox"/> Public <input type="checkbox"/> Single family	<input type="checkbox"/> Demo (Interior ONLY) <input type="checkbox"/> New <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement	<input type="checkbox"/> Bathroom <input type="checkbox"/> Chimney <input type="checkbox"/> Demo (Interior) <input type="checkbox"/> Doors <input type="checkbox"/> Insulation <input type="checkbox"/> Kitchen	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Window Installation <input type="checkbox"/> Other (fill in project details) <input type="checkbox"/>

Project Details	
Describe Work:	
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>IMPORTANT NOTICE: This permit becomes null and void 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 cancelled or withdrawn.</p>	FEES	Permit Fee (Based on Project Value with the min. Permit Fee of \$99 – Fees shall be based according to the 2022 State Statute 326B.153)	\$
		State Surcharge .0005 x PROJECT VALUE	\$
		State Surcharge Fixed fee permits only - \$1.00	\$
		Residential License Check Fee \$5 - state licensed contractors only	\$
		TOTAL PERMIT FEE (Permit Fee + surcharge)	\$

Applicant Signature _____ Date _____

E-mail, fax or mail completed and signed application to City of Arden Hills (details above)