



# Commercial Building Plan Review

## Submittal List for New Buildings, Additions, or Remodels

### Documents to be Submitted

**Important!** All documents must be signed with a State of Minnesota registration number, license number or master plumber license number, unless exempted by MSBC, Section 1800.5900. **Any submittals omitted at the time of application must be accompanied with a signed statement by the applicant with a date when the required material(s) will be submitted.**

- Three signed copies of architectural and structural plans and site plan.
- Three copies of code analysis for project.
- One signed copy of specifications.
- Two sets of the civil plan.
- Two signed copies of HVAC plan.
- Two sets of plumbing plans and application submitted for State review
- Submit two separate lists of plumbing fixtures: List #1 must include all existing plumbing fixtures, floor drains, drain sizes, etc. List #2 must include all proposed plumbing fixtures, floor drains and drain sizes, etc., Ref: MN Plumbing Code 4715.2300 sp3.
- Two sets of fire protection plans. Plans must be submitted to the State or as directed by the Fire Inspector Keith Bachman; Phone: 218-828-2312.
- Two copies of fire-resistance-rated assemblies for walls, partitions, floor/ceiling or roof/ceiling, structural columns/beams/girders, etc.
- Two copies of all fire-resistance-rated assemblies for penetrations, joints, seams, cable trays, ducts, etc. specific to application.
- One copy of structural calculations.
- One soil report.
- One set of energy code calculations.
- One original copy of Special Inspector Agreement submitted by the owner or registered design professional [1305.1704].

- Two copies of all documents required by Council conditions.
- Two signed copies of any addendums.
- One set of photometrics/site lighting. Open or underground parking also require photometrics. Provide one copy of manufacturer's specifications for each type of light fixture being installed.
- Commercial kitchens are reviewed by the Environmental Health Services Section of the Minnesota Department of Health. Provide verification of submittal to State (MDH).

**I, the undersigned, have reviewed and understand the above listed requirements. I also understand that the plan review may not be completed until all of the required materials have been submitted.**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_

All lots that are part of a subdivision in which an NPDES Storm Water Permit was required must submit a copy of the permit or Subdivision Registration form as well as the Storm Water Pollution Prevention Plan (SWPPP) for the site.

**Elevators:** Any project(s) installing elevators or related devices must apply to the Department of Labor & Industry for review under Minnesota Chapter 1307. Visit [http://www.doli.state.mn.us/bc\\_elevators.html](http://www.doli.state.mn.us/bc_elevators.html) for review requirements.

Separate permits, such as fireplace, curb cut, demolition are required in some instances.

For all electrical permits, call Electrical Inspector James Herman at 218-825-3210.

### Timeline for Building Permit Applications

The Building Inspections Department strives to meet the following standards for reviewing plans, issuing permits and conducting inspections. During the peak construction season, the number of plan submittals may occasionally affect the Department's ability to meet these standards. Applications for permits should always be submitted as early as possible so as not to delay construction. Information sheets are available to help customers know what constitutes a complete permit application and complete work for an inspection.

**New Construction and Remodeling for Commercial Buildings:** Ten business days upon receipt of completed application and materials. Up to three additional working days may be needed to evaluate revised plans and information.

**Inspection Request:** Inspection requests for specific times will be honored whenever possible. If the requested time is not available, the customer will be advised so that an alternate time can be selected. Twenty-four hours advance notice is requested.



# APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF BRAINERD  
BUILDING & INSPECTIONS DIVISION  
CITY HALL – 501 LAUREL STREET  
BRAINERD, MN 56401  
218) 828-2309 FAX (218) 828-2316

**APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE A BUILDING PERMIT WILL BE ISSUED**

SITE ADDRESS \_\_\_\_\_ Suite/Unit No. \_\_\_\_\_

LEGAL DESCRIPTION: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

(Legal description may be found on the real estate tax statement or by calling 828-2309)

**APPLICANT (circle one only):**      **OWNER**      **CONTRACTOR**      **ARCHITECT/ENGINEER**

Owner/Buyer Information	Name _____ Contact Person _____ Address _____ City _____ State _____ Zip _____ Phone _____ Cell Phone _____ *Email _____
Contractor Information	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Cell Phone _____ *Email _____
Architect/Engineer Information (if applicable)	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Cell Phone _____ *Email _____

**TYPE OF STRUCTURE (check one only)**

- Offices, Banks, Professional
- Stores, Restaurant, Warehouse
- Hotels, Motels
- Service Stations & Repair Garages
- Recreational, Amusement
- Other, Non-Housekeeping Shelter
- Industrial Building
- Public Works & Utilities Buildings
- Public Schools
- Private Schools
- Churches & Religious Buildings
- Hospitals & Institutional
- Other, describe \_\_\_\_\_

**NON-COMPLYING SEPTIC SYSTEM**

If your septic system is not in compliance with Chapter 7080 (the minimum technical standards for individual sewage treatment systems), **NO BUILDING PERMIT** will be issued until such time that it has been upgraded or brought in to compliance. Should failure or non-compliance occur between November 15 and April 15, a "Winter Window Agreement" is available for postponement of compliance until the following June 1.

**CHECK ONE:**

- Municipal sewer serves this property.
- This property is served by septic system (compliance report is required).

Valuation (total cost of labor & materials) \$ \_\_\_\_\_ Estimated completion Date: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Square Feet of Main Structure: \_\_\_\_\_ Square Feet of Other Structure(s): \_\_\_\_\_

I HEREBY APPLY FOR a Building Permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Brainerd and with the 2007 Minnesota State Building Code (MSBC). I understand this is not a permit, but only an application for a permit, and work is not to start without a permit that the work will be in accordance with the approved plan in the case of all work which requires plan review and approval of plans.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Number

**JOB ADDRESS:** \_\_\_\_\_

**Names of all contractors and subcontractors must be provided before a building permit will be issued.**

**GENERAL CONTRACTOR** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**SEWER/WATER/SEPTIC** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**CONCRETE/MASONRY** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**PLUMBING** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**FRAME WORK** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**ROOFING** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**EXCAVATOR** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**GYPSUM BOARD/PLASTER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**HVAC** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

**OTHER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

\*EMAIL \_\_\_\_\_

\* REQUIRED

**City of Brainerd/Crow Wing County E-911  
REQUEST NEW ADDRESS FOR NEW CONSTRUCTION**

Name of Applicant: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Please Fill Out Completely and Accurately:**

Name of the road your driveway intersects: \_\_\_\_\_

Which side of the road is your structure? North\_\_\_\_ South\_\_\_\_ East\_\_\_\_ West\_\_\_\_

With the addition of this structure, will the driveway service more than two Residential or Commercial structures?

Yes\_\_\_\_ No\_\_\_\_ How many houses/businesses will use the same driveway?\_\_\_\_

Describe how the driveway location will be marked: \_\_\_\_\_

Is the driveway already in place & usable? Yes\_\_\_\_ No\_\_\_\_ (Location must be marked)

**\*\*\*Failure to mark driveway with something distinctive (name, stake, lathe, ribbon, etc.), will delay address assignment!!!\*\*\***

**Real Estate Code/Parcel Number of the Property** (15 Digits) \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section # \_\_\_\_\_

Resident's names or addresses of building sites on **both** sides of your driveway location:

\_\_\_\_\_

\_\_\_\_\_

**Driveway Location:** (Must include an accurate description/sketch of driveway location in relation to properties in the area.) \_\_\_\_\_

\_\_\_\_\_

Please note that there will be a line item on your building permit described as an E-911 Addressing Fee. This charge covers City and/or County administrative costs as well as the cost of the blue and white fire number identification plate (if applicable). **\*\*\*Be sure to mark your driveway location as indicated above, so that the new address can be assigned in 2 weeks.**

\_\_\_\_\_

**FOR CITY OF BRAINERD/CROW WING COUNTY USE ONLY BELOW THIS LINE**

-----  
Date Received: \_\_\_\_\_ Government Jurisdiction \_\_\_\_\_

**ADDRESS ASSIGNED:** \_\_\_\_\_

City: \_\_\_\_\_ MN Zip Code: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ By: \_\_\_\_\_

Field Work Date: \_\_\_\_\_ By: \_\_\_\_\_

**NOTIFIED:**

Resident\_\_\_\_ Post Office\_\_\_\_ Sign Dept.\_\_\_\_ Auditor\_\_\_\_ City\_\_\_\_

MSAG & ESN changes relayed to IES \_\_\_\_\_

Fee Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Initial and Date \_\_\_\_\_



# Plumbing Permit Application

## City of Brainerd

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2309 ♦ 218.828-2316 (fax)

[www.ci.brainerd.mn.us](http://www.ci.brainerd.mn.us)

SITE ADDRESS		CITY	STATE	ZIP
OWNER'S NAME		PROJECT VALUATION	DATE	
OWNER'S ADDRESS		CITY	STATE	ZIP
OWNER'S PHONE NUMBER		OWNER'S FAX NUMBER		
APPLICANT'S NAME		APPLICANT'S COMPANY NAME (IF APPLICABLE)		
APPLICANT'S PHONE NUMBER	APPLICANT'S FAX NUMBER	APPLICANT'S EMAIL ADDRESS		
APPLICANT'S ADDRESS		CITY	STATE	ZIP
STATE LICENSE NUMBER		CITY LICENSE NUMBER		

DESCRIPTION OF WORK

### Number of Fixtures

Water Closet \_\_\_\_\_ Lavatory \_\_\_\_\_ Bathtub \_\_\_\_\_  
 Sink & Disposal \_\_\_\_\_ Dishwasher \_\_\_\_\_ Shower \_\_\_\_\_  
 Floor Drain \_\_\_\_\_ Stop Sink \_\_\_\_\_  
 Wash Tray \_\_\_\_\_ Drinking Fountain \_\_\_\_\_  
 Lawn Sprinkler \_\_\_\_\_ Water Piping \_\_\_\_\_  
 Hydraulic Valve \_\_\_\_\_ Rain Leader \_\_\_\_\_  
 Other \_\_\_\_\_

### Special Devices

Future Rough In \_\_\_\_\_ Set Fixture \_\_\_\_\_  
 Beer Dispenser \_\_\_\_\_ Water Treatment \_\_\_\_\_  
 Catch Basin \_\_\_\_\_ Water Heater \_\_\_\_\_  
 Sump Plump Receiving Tank \_\_\_\_\_ Manholes Area \_\_\_\_\_  
 New Ground Run \_\_\_\_\_ Water Piping \_\_\_\_\_  
 Re-Inspection \_\_\_\_\_ Blow Off Basin \_\_\_\_\_  
 Other \_\_\_\_\_

TOTAL FIXTURES

GAS PIPING

Size \_\_\_\_\_ Number of Openings \_\_\_\_\_

### Certification

Permits are required for Electrical, Building, Heating, Ventilating and Air Conditioning. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. All provisions 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 Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

**I hereby certify that I have read and examined this application and know the same to be true and correct.**

APPLICANT'S SIGNATURE

DATE

### OFFICE USE ONLY

DOUBLE FEE

YES  NO

PROPERTY ID

APPLICATION NUMBER



# Mechanical Permit Application

## City of Brainerd

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2309 ♦ 218.828-2316 (fax)

[www.ci.brainerd.mn.us](http://www.ci.brainerd.mn.us)

SITE ADDRESS		CITY	STATE	ZIP
OWNER'S NAME		PROJECT VALUATION	DATE	
OWNER'S ADDRESS		CITY	STATE	ZIP
OWNER'S PHONE NUMBER		OWNER'S FAX NUMBER		
APPLICANT'S NAME		APPLICANT'S COMPANY NAME (IF APPLICABLE)		
APPLICANT'S PHONE NUMBER	APPLICANT'S FAX NUMBER	CONTRACTORS: CITY LICENSE NUMBER		
APPLICANT'S ADDRESS		CITY	STATE	ZIP

DESCRIPTION OF WORK (INCLUDE COMBUSTION AIR & MAKE UP AIR NOTES)

Forced Air  
  Hot Water  
  Ventilation  
  Wood Burner  
  A/C  
  Steam Boiler  
  Refrigeration  
  Other:

GAS PIPING SIZE		NUMBER OF OPENINGS		PROCESS PIPING SIZE		NUMBER OF OPENINGS	
Existing		Proposed		Existing (2)		Proposed (2)	
Number of Units: _____							
Make: _____							
Fuel: _____							
Flue Diameter: _____							
Input (BTU): _____							
CFM: _____							
Tons: _____							
H.P.: _____							
Unit Weight: _____							

### Certification

Permits are required for Electrical, Building, Heating, Ventilating and Air Conditioning. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. All provisions 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 Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

**I hereby certify that I have read and examined this application and know the same to be true and correct.**

APPLICANT'S SIGNATURE	DATE
-----------------------	------

### OFFICE USE ONLY

DOUBLE FEE <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY ID	APPLICATION NUMBER
--	-------------	--------------------

# Plot Plan Example

1. Top of paper will designate North.
2. Draw the boundaries approximately as they are.
3. Include all outside dimensions on the plot plan.
4. Include all outside dimensions of proposed buildings along with lines to show exactly where they are placed on the lot.
5. Show with lines all existing buildings on the lot.
6. Show all measurements of yard widths in conjunction to all property lines (side yard, front yard, and rear yard setback).

