



# 2012 BUILDING PERMIT APPLICATION

City of Robbinsdale  
4100 Lakeview Avenue North  
Robbinsdale MN 55422  
Phone (763) 531-1268 Fax (763) 531-1200

Applications and additional information can be emailed to: [permits@ci.robbinsdale.mn.us](mailto:permits@ci.robbinsdale.mn.us)

➤ **DATE:** \_\_\_\_\_ APPLICATION / PERMIT NO (Office Use Only): \_\_\_\_\_

➤ **JOB ADDRESS:** \_\_\_\_\_

➤ **PROPERTY OWNER NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # (w/Area Code): \_\_\_\_\_

➤ **CONTRACTOR INFORMATION:** (If property owner is doing the work write "self" and attach "Property Owner Affidavit")

NAME: \_\_\_\_\_ CITY LICENSE # (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE LICENSE # (if applicable): \_\_\_\_\_

PHONE (w/Area Code): \_\_\_\_\_

➤ **CONTRACT VALUE OF WORK:** \_\_\_\_\_

➤ **WORK TYPE:** circle one; New / Alteration / Addition / Repair / Demolish / Move

➤ **DETAILED DESCRIPTION OF WORK:** \_\_\_\_\_

1. **WAS THE STRUCTURE BUILT BEFORE 1978?** Circle one; YES NO

If you answered YES; continue to question 2..... If you answered NO; skip question 2 and 3

2. **DOES THE PROPOSED INTERIOR WORK DISTURB 6 SQ FT OR MORE?** Circle one; YES NO N/A

3. **DOES THE PROPOSED EXTERIOR WORK DISTURB 20 SQ FT OR MORE?** Circle one; YES NO N/A

If "YES" to question #2 or #3, Please provide your lead certification information.

➤ IF YOU ARE YOU USING A DUMPSTER / CONTAINER, A PERMIT IS REQUIRED REGARDLESS OF THE ITEMS COLLECTED, THE LENGTH OF TIME IT IS NEEDED, AND WHERE THE CONTAINER IS PLACED. THERE ARE (2) DIFFERENT CONTAINER PERMIT APPLICATIONS IN WHICH EACH HAVE DIFFERENT RULES AND FEES. PLEASE SUBMIT THE APPLICATION THAT BEST SUITS YOUR SITUATION; PLACEMENT ON THE STREET/PUBLIC RIGHT-OF WAY OR PLACEMENT ON PRIVATE PROPERTY.

**SIGNATURE:** \_\_\_\_\_  
CONTRACTOR / PROPERTY OWNER

PERMIT FEE (minimum is \$50.00): \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

PLAN REVIEW FEE: \_\_\_\_\_

STATE LICENSE VERIFICATION FEE: \_\_\_\_\_

We accept MasterCard, Visa, American Express, Discover, cash or checks. If you are faxing or emailing this application and using a charge card for payment, please use the attached "Charge Card Information Form".

SEWER AVAILABILITY CHARGE: \_\_\_\_\_

WATER AVILABILITY CHARGE: \_\_\_\_\_

STATE SURCHARGE (minimum is \$.50): \_\_\_\_\_

OTHER FEE(S) (DESCRIBE): \_\_\_\_\_

**TOTAL PERMIT FEE:** \_\_\_\_\_

## PERMIT APPLICATION PROCEDURE

- Contractors must be licensed in or by the State of Minnesota or by the City of Robbinsdale for residential related work.
- Contractors must be licensed in or by the City of Robbinsdale for commercial related work. You may obtain a City license application from our website at [www.robbinsdalemn.com](http://www.robbinsdalemn.com) or call 763-531-1268 to have a license application emailed, mailed or faxed to you.
- Property Owners doing their own work must fill out a “property owner affidavit” form and submit it with the application. This form is attached to this permit application for your use, if applicable.
- If any the following items apply to the type of work being performed, this information should be submitted with your permit application:
 

Plans (2 sets)	Survey
Specifications	Plot Plan
Energy calculations	Calculations
Truss Specifications	Property Owner Affidavit
Soil Tests	
- Separate permits are required for Plumbing, Mechanical, and Electrical.
- When issued, this permit will become null and void if work or construction authorized is not commenced within 180 days, or if the construction is abandoned for a period of 180 days at any time after work is commenced.
- 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 State or local law regulating construction or the performance of construction.

<b>2012 BUILDING PERMIT FEES</b>											
VALUATION	PERMIT FEES	PLAN CHECK FEES	VALUATION	PERMIT FEES	PLAN CHECK FEES	VALUATION	PERMIT FEES	PLAN CHECK FEES	VALUATION	PERMIT FEES	PLAN CHECK FEES
\$ 1 to \$500	\$50.00	\$32.50	\$12,001 to 13,000	223.25	145.11	\$38,001 to 39,000	532.65	346.22	\$64,001 to 65,000	748.75	486.69
501 to 600	50.00	32.50	13,001 to 14,000	237.25	154.21	39,001 to 40,000	542.75	352.79	65,001 to 66,000	755.75	491.24
601 to 700	50.00	32.50	14,001 to 15,000	251.25	163.31	40,001 to 41,000	552.85	359.35	66,001 to 67,000	762.75	495.79
701 to 800	50.00	32.50	15,001 to 16,000	265.25	172.41	41,001 to 42,000	562.95	365.92	67,001 to 68,000	769.75	500.34
801 to 900	50.00	32.50	16,001 to 17,000	279.25	181.51	42,001 to 43,000	573.05	372.48	68,001 to 69,000	776.75	504.89
901 to 1,000	50.00	32.50	17,001 to 18,000	293.25	190.61	43,001 to 44,000	583.15	379.05	69,001 to 70,000	783.75	509.44
1,001 to 1,100	50.00	32.50	18,001 to 19,000	307.25	199.71	44,001 to 45,000	593.25	385.61	70,001 to 71,000	790.75	513.99
1,101 to 1,200	50.00	32.50	19,001 to 20,000	321.25	208.81	45,001 to 46,000	603.35	392.18	71,001 to 72,000	797.75	518.54
1,201 to 1,300	50.00	32.50	20,001 to 21,000	335.25	217.91	46,001 to 47,000	613.45	398.74	72,001 to 73,000	804.75	523.09
1,301 to 1,400	50.95	33.12	21,001 to 22,000	349.25	227.01	47,001 to 48,000	623.55	405.31	73,001 to 74,000	811.75	527.64
1,401 to 1,500	54.00	35.10	22,001 to 23,000	363.25	236.11	48,001 to 49,000	633.65	411.87	74,001 to 75,000	818.75	532.19
1,501 to 1,600	57.05	37.08	23,001 to 24,000	377.25	245.21	49,001 to 50,000	643.75	418.44	75,001 to 76,000	825.75	536.74
1,601 to 1,700	60.10	39.07	24,001 to 25,000	391.25	254.31	50,001 to 51,000	653.85	425.00	76,001 to 77,000	832.75	541.29
1,701 to 1,800	63.15	41.05	25,001 to 26,000	405.25	263.41	51,001 to 52,000	663.95	431.56	77,001 to 78,000	839.75	545.84
1,801 to 1,900	66.20	43.03	26,001 to 27,000	419.25	272.51	52,001 to 53,000	674.05	438.12	78,001 to 79,000	846.75	550.39
1,901 to 2,000	69.25	45.01	27,001 to 28,000	433.25	281.61	53,001 to 54,000	684.15	444.68	79,001 to 80,000	853.75	554.94
2,001 to 3,000	83.25	54.11	28,001 to 29,000	447.25	290.71	54,001 to 55,000	694.25	451.24	80,001 to 81,000	860.75	559.49
3,001 to 4,000	97.25	63.21	29,001 to 30,000	461.25	299.81	55,001 to 56,000	704.35	457.80	81,001 to 82,000	867.75	564.04
4,001 to 5,000	111.25	72.31	30,001 to 31,000	475.25	308.91	56,001 to 57,000	714.45	464.36	82,001 to 83,000	874.75	568.59
5,001 to 6,000	125.25	81.41	31,001 to 32,000	489.25	318.01	57,001 to 58,000	724.55	470.92	83,001 to 84,000	881.75	573.14
6,001 to 7,000	139.25	90.51	32,001 to 33,000	503.25	327.11	58,001 to 59,000	734.65	477.48	84,001 to 85,000	888.75	577.69
7,001 to 8,000	153.25	99.61	33,001 to 34,000	517.25	336.21	59,001 to 60,000	744.75	484.04	85,001 to 86,000	895.75	582.24
8,001 to 9,000	167.25	108.71	34,001 to 35,000	531.25	345.31	60,001 to 61,000	754.85	490.60	86,001 to 87,000	902.75	586.79
9,001 to 10,000	181.25	117.81	35,001 to 36,000	545.25	354.41	61,001 to 62,000	764.95	497.16	87,001 to 88,000	909.75	591.34
10,001 to 11,000	195.25	126.91	36,001 to 37,000	559.25	363.51	62,001 to 63,000	775.05	503.72	88,001 to 89,000	916.75	595.89
11,001 to 12,000	209.25	136.01	37,001 to 38,000	573.25	372.61	63,001 to 64,000	785.15	510.28	89,001 to 90,000	923.75	600.44
<b>MINIMUM PERMIT FEE: \$50.00</b>									90,001 to ??,???	See Inspections Department for fees	

**CALCULATING THE STATE SURCHARGE:** Multiply the CONTRACT VALUE OF WORK x .0005 (if under \$.50, round up to \$.50 to meet the min State Surcharge)

STATE LICENSE VERIFICATION FEE = \$5 (State Licensed Contractors Only)

**ADDITIONAL FEES (if applicable):**

SEWER AVAILABILITY CHARGE = \$2365 per SAC Unit

WATER AVAILABILITY CHARGE *may* be required for Commercial Units

# City of Robbinsdale

4100 Lakeview Avenue North

Robbinsdale, Minnesota 55422

Phone: 763-531-1268

Fax: 763-531-1200

## HOMEOWNER'S AFFIDAVIT HOMEOWNER-OCCUPANT WORK PERMIT CERTIFICATION

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Date \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I am the Homeowner/Occupant  
of the single family dwelling located at \_\_\_\_\_, and will  
perform the \_\_\_\_\_ work myself.

\_\_\_\_\_  
Signature of Owner-Occupant

\_\_\_\_\_  
Telephone Number

APPROVED BY:

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Number



# 2012 CONTAINER PERMIT APPLICATION

(For Container Placement on Private Property)

CITY OF ROBBINSDALE  
4100 Lakeview Avenue North  
Robbinsdale MN 55422

Phone: 763-531-1268 Fax: 763-531-1200

Email: [permits@ci.robbinsdale.mn.us](mailto:permits@ci.robbinsdale.mn.us)

DATE: \_\_\_\_\_

APPLICATION / PERMIT NO (Office Use Only): \_\_\_\_\_

(1) WHAT IS THE PROPERTY ADDRESS WHERE THE CONTAINER WILL BE PLACED?  
\_\_\_\_\_

(2) WILL THIS CONTAINER BE COLLECTING CONSTRUCTION DEBRIS, *ONLY*? Circle one; YES / NO

- If you answered "YES" to question 2, a City license is *not* required in addition to this permit.
- If you answered "NO" to question 2, and this is a container that will be collecting and hauling *mixed rubbish*, a City license *is* required in addition to and prior to the issuance of this permit. A Solid Waste Haulers License application is available on our website at [www.robbinsdalemn.com](http://www.robbinsdalemn.com) or call 763-531-1268 to obtain an application via email, fax, or US Mail.
- If you answered "NO" to question 2, and this is a portable storage unit, a City license is *not* required in addition to this permit.

(3) BRIEFLY DESCRIBE WHAT WILL BE COLLECTED IN THE CONTAINER; \_\_\_\_\_

(4) WHAT IS THE PROPOSED LENGTH OF TIME THE CONTAINER WILL BE PLACED ON THE PROPERTY?

\_\_\_\_\_ / \_\_\_\_\_ 2012 through \_\_\_\_\_ / \_\_\_\_\_ 2012

**CONTAINER COMPANY INFORMATION:**

Company Name; \_\_\_\_\_

Address; \_\_\_\_\_  
\_\_\_\_\_

Phone (w/Area Code); \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Owner Name; \_\_\_\_\_

Address; \_\_\_\_\_  
\_\_\_\_\_

Phone (w/Area Code); \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant Name; \_\_\_\_\_

Address; \_\_\_\_\_  
\_\_\_\_\_

Phone (w/Area Code); \_\_\_\_\_

Permit fees to place a container on private property are set forth in the City of Robbinsdale Appendix B Fee Schedule, Resolution No. 7092;

1<sup>st</sup> 30 Days = No Charge    2<sup>nd</sup> 30 Days = \$50

After 60 days = \$100 per 30 Day Increment

**\*EXCEPTIONS TO THE ABOVE PERMIT FEES\***

New Residential Construction:

\$50 per month for 6 months *on the property*

\$100 per month *after 6 months on the property*

New Commercial Construction:

\$50 per month for 9 months *on the property*

\$100 per month *after 9 months on the property*

**APPLICANT SIGNATURE**

We accept MasterCard, Visa, American Express, Discover, cash or checks. If you are faxing or emailing this application and using a charge card for payment, please use the attached "Charge Card Information Form".

➤ **TOTAL PERMIT FEE:** \_\_\_\_\_



# 2012 CONTAINER PERMIT APPLICATION

(For Container Placement on a City Street or Public Right-Of-Way)

CITY OF ROBBINSDALE  
4100 Lakeview Avenue North  
Robbinsdale MN 55422

Phone: 763-531-1268 Fax: 763-531-1200

Email: [permits@ci.robbinsdale.mn.us](mailto:permits@ci.robbinsdale.mn.us)

DATE: \_\_\_\_\_

APPLICATION / PERMIT NO (Office Use Only): \_\_\_\_\_

(1) WHAT IS THE PROPERTY ADDRESS WHERE THE CONTAINER IS TO BE PLACED?  
\_\_\_\_\_

(2) IS THIS APPLICATION FOR A CONTAINER THAT WILL BE COLLECTING CONSTRUCTION DEBRIS, *ONLY*? Circle one; YES / NO

➤If you answered “YES”, (collecting construction debris only), a City *license* is not required however, prior to issuance of this permit and the placement of the container in the street or public right-of-way, a certificate of liability insurance must be on file with the City. Please refer to the insurance requirements below.

➤If you answered “NO” and this is a portable storage unit, a City *license* is not required however, prior to issuance of this permit and the placement of the container in the street or public right-of-way, a certificate of liability insurance must be on file with the City. Please refer to the insurance requirements below.

INSURANCE REQUIREMENTS; a certificate of public liability insurance in an amount of not less than \$1,000,000 for injuries including accidental death to any one person, subject to the same limit for each occurrence; and property damage insurance in an amount of not less than \$500,000 for each accident and not less than \$1,000,000 aggregate. The certificate must state the City of Robbinsdale as “Certificate Holder” or “Additional Insured” and must be submitted prior to placement of any container upon a city street or public right-of-way.

➤If you answered “NO” to question 2, and this is a container that will be collecting and hauling *mixed rubbish*, a City license is required in addition to and prior to the issuance of this permit. A Solid Waste Haulers License application is available on our website at [www.robbinsdalemn.com](http://www.robbinsdalemn.com) or call 763-531-1268 to obtain an application via email, fax, or US Mail.

(3) BRIEFLY DESCRIBE WHAT WILL BE COLLECTED IN THE CONTAINER; \_\_\_\_\_

(4) WHAT IS THE PROPOSED LENGTH OF TIME THE CONTAINER WILL BE PLACED AT THE PROPERTY? \_\_\_\_\_ / \_\_\_\_\_ 2012 through \_\_\_\_\_ / \_\_\_\_\_ 2012

**CONTAINER COMPANY INFORMATION:**

Company Name; \_\_\_\_\_

Address; \_\_\_\_\_  
\_\_\_\_\_

Phone (w/Area Code); \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Owner Name; \_\_\_\_\_

Address; \_\_\_\_\_  
\_\_\_\_\_

Phone (w/Area Code); \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant Name; \_\_\_\_\_

Address; \_\_\_\_\_  
\_\_\_\_\_

Phone (w/Area Code); \_\_\_\_\_

Permit fees to place a container on a street or public right-of-way are set forth in the City of Robbinsdale Appendix B Fee Schedule, Resolution No. 7092;

Days 1 - 7 = \$50    Days 8 - 14 = \$75  
Each 7-day increment after 14 days = \$210

➤**TOTAL PERMIT FEE:** \_\_\_\_\_

**APPLICANT SIGNATURE**

We accept MasterCard, Visa, American Express, Discover, cash or checks. If you are faxing or emailing this application and using a charge card for payment, please use the attached “Charge Card Information Form”.

## **REQUIREMENTS FOR PLACING A CONTAINER ON A CITY STREET OR PUBLIC RIGHT-OF-WAY**

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- 1) The applicant for this container permit shall provide the following information;
  - a. The address of where the container will be placed,
  - b. A description of what will be collected in the container,
  - c. The length of time for which the container permit is needed,
  - d. The name, address, and phone number of the container company,
  - e. The name, address, and phone number of the property owner where the container will be placed,
  - f. The name, address, and phone number of the applicant, and
  - g. Has provided any and all additional information deemed necessary by the City of Robbinsdale.
- 2) All containers shall be;
  - a. Well-maintained and in good working condition,
  - b. Display the name and telephone number of the container company owner,
  - c. Be properly reflectorized at all times,
  - d. Be suitably supported at each contact point to prevent damage to paved surfaces, and
  - e. Shall be covered when not in use if the material inside is easily airborne, poses a hazard, gives off odors or is otherwise offensive
- 3) The materials collected must be placed inside the container and may not be placed on the public right-of-way or in any place in which such materials interferes with the use of the public right-of-way.
- 4) Containers must be moved off of the street or public right-of-way following 2 or more inches of snow to allow the City to plow.

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The City may remove any container placed in a public right-of-way in violation of this section. The owner of the container or the person placing it in the public right-of-way shall pay to the City all costs, fees, penalties, and/or other expenses incurred by the City in removing the container, and the storing of the container and its contents. In addition, the City shall charge daily storage fees in such amount as the City council may from time to time establish by resolution and list in Appendix B. If the container is not claimed within 30 days by its owner or the person responsible for placing it in the public right-of-way, it may be disposed of as abandoned property, but such disposal shall not diminish the responsibility of the owner or the person responsible for placing it in the public right-of-way to pay all amounts due.

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**CITY OF ROBBINSDALE  
CHARGE CARD INFORMATION**

(We accept MasterCard, Visa, American Express and Discover)

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To make a payment by charge card, please furnish the following information:

**Type of Charge Card** \_\_\_\_\_

**Charge Account Holder's Name** \_\_\_\_\_

**Charge Account Number** \_\_\_\_\_

**Charge Card Expiration Date** \_\_\_\_\_

**3 Digit Security Code from Back of Charge Card** \_\_\_\_ \_\_\_\_ \_\_\_\_

For security purposes and to guard against fraud, we need the following information:

**Numerical Address where Charge Card Bill is mailed** \_\_\_\_\_

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave N Robbinsdale MN 55422 the "numerical address" entered on this line is; 4100)

**Zip Code where Charge Card Bill is mailed** \_\_\_\_\_

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave N Robbinsdale MN 55422 the zip code entered on this line is; 55422)