

City of Robbinsdale



Engineering Department

BUILDING PERMIT

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 permits@ci.robbinsdale.mn.us

DATE: _____

PERMIT #: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

***If you are applying for Residential Roofing, Siding, or Window-Door Replacement, then use the residential ROOFING / SIDING / WINDOW / DOOR permit application which is also found on our website at www.robbinsdalemn.com**

- If property owner is completing the work, please attach a "Property Owner Affidavit"

CONTRACTOR NAME: _____

STATE LICENSE #: _____

ADDRESS: _____

CITY LICENSE #: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTRACT VALUE OF WORK: \$ _____ (COST OF MATERIALS/LABOR)

WORK TYPE: (Check one) NEW ADDITION ALTERATION REPAIR DEMOLITION

DETAILED DESCRIPTION OF WORK:

CONTRACTORS ONLY:

1. WAS THE STRUCTURE BUILT BEFORE 1978? YES NO
2. DOES THE PROPOSED INTERIOR WORK DISTURB 6 SQ FT OR MORE? YES NO N/A
3. DOES THE PROPOSED EXTERIOR WORK DISTURB 20 SQ FT OR MORE? YES NO N/A

If you answered YES to one or both of questions 2 or 3, please attach a copy of your Lead Certification

4. ARE YOU USING A DUMPSTER/CONTAINER? YES NO
- **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.**
- IF YOU ARE USING A TRUCK OR LICENSED TRAILER, A CONTAINER PERMIT IS NOT REQUIRED.

x _____
APPLICANT SIGNATURE:

x _____
PRINT NAME:

PHONE NUMBER:

See attached fee calculator to determine fees:

PERMIT FEE (MINIMUM \$50): \$ _____

PLAN REVIEW FEE (IF APPLICABLE) \$ _____

STATE LICENSE VERIFICATION FEE: \$ _____

SEWER AVAILABILITY CHARGE (IF APPLICABLE): \$ _____

WATER AVAILABILITY CHARGE (IF APPLICABLE): \$ _____

STATE SURCHARGE (MINIMUM \$.50): \$ _____

OTHER FEE(S): \$ _____

TOTAL PERMIT FEE: \$ _____



APPLICATION PROCEDURE

Contractors must be licensed by the State of Minnesota for residential projects, or by the City of Robbinsdale for commercial projects. You may obtain a City license application from our website at www.robbinsdalemn.com, or call 763-531-1268 to have a license application emailed or mailed.

Property Owners doing their own work must fill out a "Property Owner Affidavit" and submit with the application. Property owners doing their own work must include labor costs in the "Contract Value of Work". If unsure of what that amount might be, sometimes taking the cost of the materials and doubling that amount can result, in most situations, a "Contract Value of Work". The Building Official may adjust a "Contract Value of Work" if it is too low or too high based on the work being proposed.

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	Property Owner Affidavit	Energy calculations
Specifications	Plot Plan	Soil Tests	Truss Specifications

- Separate permits are required for Plumbing, Mechanical, and Electrical.
- When issued, this permit will become null and void if work or construction authorized does not commence within 180 days, or if the construction is abandoned for a period of 180 days at any time after work commences.
- 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.

BUILDING PERMIT FEES

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
									90,001 +	CALL FOR FEE	

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 = \$2485 per SAC Unit

WATER AVAILABILITY CHARGE *may* be required for Commercial Units

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DUMPSTER / CONTAINER PERMIT

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DATE: _____

PERMIT #: _____

PROPERTY ADDRESS WHERE CONTAINER IS: _____

BRIEFLY DESCRIBE WHAT WILL BE COLLECTED IN THE CONTAINER: _____

DATES CONTAINER WILL BE PLACED AT PROPERTY: ____/____/____ to ____/____/____

ALL FOLLOWING INFORMATION IS REQUIRED - PLEASE PRINT CLEARLY

<p>CONTAINER COMPANY INFORMATION: COMPANY NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____</p>	<p>PROPERTY OWNER INFORMATION: OWNER NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____</p>
<p>APPLICANT OR CONTRACTOR INFORMATION: APPLICANT NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____</p>	<p>Permit fees to place a container on private property, on a street or public right-of-way, are set forth in the City of Robbinsdale Appendix B Fee Schedule, Resolution No. 7092.</p>

INSURANCE REQUIREMENTS: A certificate of public liability insurance in an amount not less than \$1,500,000 for injuries, including accidental death to any one person, subject to the same limit for each occurrence; and property damage insurance in an amount 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.

MARK WHERE CONTAINER WILL BE PLACED

<p>PLACED ON PRIVATE PROPERTY <input type="radio"/></p>	<p>PLACED IN THE STREET (RIGHT-OF-WAY) <input type="radio"/></p>
<p><i>FEES FOR CONTAINER ON PRIVATE PROPERTY</i></p>	<p><i>FEES FOR CONTAINER IN RIGHT-OF-WAY</i></p>
<p>1 – 30 days = No Charge 31 – 60 days = \$50 After 60 days = \$100 per 30 day increment Container must be off property for more than 30 days for fees to start over.</p> <p>* Exceptions to the above Permit Fee's*</p> <p><u>New Residential Construction:</u> \$50 per month for 6 months <i>on the property</i> \$100 per month <i>after 6 months on the property</i></p> <p><u>New Commercial Construction:</u> \$50 per month for 9 months <i>on the property</i> \$100 per month <i>after 9 months on the property</i></p>	<p>1 – 7 days = \$50 8 – 14 days \$75 plus initial \$50 = \$125 total Each 7 day increment after 14 days is an additional \$210 Container must be off street for more than 7 days for fees to start over.</p> <p>* There are no exceptions for containers on the street*</p> <p>Containers are not allowed on streets that are designated as NO PARKING ZONES.</p> <p>Containers must be removed from the street after 2 or more inches of snowfall.</p>
<p>TOTAL PERMIT FEE: \$ _____</p>	<p>TOTAL PERMIT FEE: \$ _____</p>

Applicant Signature: _____

Date: _____



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

- 1) The applicant for this container permit shall provide the following information:
 - a. The address 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 visible at all times with proper reflection,
 - 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
 - f. Permit Card should be posted on container facing the street.
- 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 the street or public right-of-way following 2 or more inches of snow to allow the City to plow.

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.



**PROPERTY OWNER'S AFFIDAVIT
WORK PERMIT CERTIFICATION**

DATE: _____

I, _____ HEREBY CERTIFY THAT I AM THE PROPERTY OWNER OF
(ADDRESS) _____, AND WILL PERFORM THE
_____ WORK MYSELF.

PROPERTY OWNER SIGNATURE

PHONE #



CREDIT CARD INFORMATION

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

***NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card*

To make a payment by credit card, please provide the following information:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

NAME OF CARD HOLDER: _____

CREDIT CARD ACCOUNT NUMBER: _____

CREDIT CARD EXPIRATION DATE: ____/____

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD ____ _

BILLING ZIP CODE: _____

(For example, if the credit 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)