

GRADING PERMIT APPLICATION METROPOLITAN AIRPORTS COMMISSION

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612-467-0425(ph)

Email to MACPermits@mspmac.org

OFFICE USE ONLY

PERMIT NUMBER: _____

PROJECT NUMBER: _____

DATE: _____ MAC NUMBER: _____

SITE ADDRESS: _____

PROJECT VALUATION/BID AWARD AMOUNT \$: _____

MAC PROJ. MANAGER NAME: _____ PHONE NUMBER: _____

APPLICANT IS: CONTRACTOR ARCHITECT ENGINEER OTHER

PROPERTY OWNER/TENANT NAME

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

CONTRACTOR NAME **Email**: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

ARCHITECT/ENGINEER NAME **Email**: _____

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

REGISTRATION NUMBER _____ **Email**: _____

CLASS OF WORK (CHECK ONE ONLY) NEW ADDITION ALTERATION/REMODEL MAINTENANCE/REPAIR/REPLACE

TYPE OF STRUCTURE-CHECK ONE ONLY

- OFFICES, BANKS, PROFESSIONAL
- STORES, RESTAURANTS, WAREHOUSE
- HOTELS, MOTELS
- PARKING GARAGE
- OTHER NON HOUSEKEEPING SHELTER
- INDUSTRIAL BUILDINGS
- PUBLIC WORKS/UTILITIES BUILDING

- CHURCHES/RELIGIOUS BUILDINGS
- HOSPITAL AND INSTITUTIONAL BUILDINGS
- SERVICE STATIONS/REPAIR GARAGE
- RECREATIONAL, AMUSEMENT
- OTHER NON-RESIDENTIAL
- FENCES, SIGNS, ANTENNAS
- OTHER NON-BUILDING STRUCTURES

PLEASE COMPLETE OTHER SIDE

DESCRIPTION OF WORK: _____

NUMBER OF CUBIC YARDS: _____

I HEREBY APPLY FOR A GRADING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCE AND CODES OF THE METROPOLITAN AIRPORTS COMMISSION AND WITH THE MINNESOTA BUILDING CODES; THAT I UNDERSTAND THIS IS NOT A PERMIT BUT ONLY AN APPLICATION FOR 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 REVIEW AND APPROVAL OF PLANS

APPLICANT'S SIGNATURE _____

DATE _____

OFFICE USE ONLY

OFFICE VALUATION (EXCLUDING LANDS): _____

NUMBER OF UNITS: _____ NUMBER OF BUILDINGS: _____

SPRINKLED: YES NO TYPE OF CONSTRUCTION: _____

OCCUPANCY GROUP (S): _____

SETBACKS: FRONT: _____ REAR: _____ SIDE: _____

STORIES: _____ SQUARE FT: _____ HEIGHT: _____

LENGTH: _____ WIDTH: _____

PARKING SPACES REQUIRED: _____ HANDICAP SPACES REQUIRED: _____

NUMBER OF SAC UNITS: _____ SAC LETTER REC'D FROM METROPOLITAN COUNCIL: YES (ATTACH COPY) NO

REQUIRED INSPECTIONS:

Certificate of Occupancy	Floor Slab	Roofing
Consultation	Footing	Sheet Rock
Drain Tile	Framing	Site
Final	Insulation	Other
Fire Stopping	No Inspections Required	Other
Firewall	Plan Review	Other

CONDITIONS OF ISSUANCE: _____

FEE INFORMATION:

PERMIT FEE: YES NO PLAN REVIEW FEE YES NO INVESTIGATION FEE YES NO SAC FEE YES NO

ADDITIONAL INSPECTION FEE: YES NO ADDITIONAL PLAN REVIEW FEE: YES NO

PERMIT FEE \$: _____ PLAN REVIEW FEE \$: _____ INVESTIGATION FEE \$: _____

SAC FEE \$: _____ ADDITIONAL INSPECTION FEE \$: _____

ADDITIONAL PLAN REVIEW FEE \$: _____ TOTAL PERMIT FEE \$: _____

PERMIT APPROVAL LIST Routed: YES NO DATE: _____

PERMIT APPLICATION APPROVED BY: _____ DATE: _____

PERMIT PROCESSED BY: _____ DATE: _____