

Application Submittal Requirements

Revised 05-17-2019

Purpose: To establish submission requirements at the time of permit application to enable accurate timely review.

Scope: All New Commercial Buildings and Commercial Building Additions

Site Address: _____

Project Name: _____

Instructions: **A licensed design professional must check the items submitted in the space provided and include a copy of the signed form with all plan submittals.** The Building Inspections Department can be reached at 651-322-2024 from 8am - 4:30pm, Monday-Friday

REQUIRED FOR APPROVAL	CHECK IF SUBMITTED	GENERAL ITEMS
YES	<input type="checkbox"/>	1. SAC determination submitted to Metropolitan Council. 2018 Met Council \$2,485.00 per unit in addition City of Rosemount \$1,200.00 per unit.
YES	<input type="checkbox"/>	2. Completed building permit application.
YES	<input type="checkbox"/>	3. Plumbing Plans submitted to State.
YES	<input type="checkbox"/>	4. Completed Minnesota Energy Code (MEC) lighting power budget requirements in accordance with the 2015 MN Energy Code.
YES	<input type="checkbox"/>	5. Completed Minnesota Energy Code (MEC) exterior envelope energy calculations in accordance with the 2015 MN Energy Code.
YES	<input type="checkbox"/>	6. Completed Special Structural Testing and Inspection Schedule (Note: SST&IS required for all med gas installations).
YES	<input type="checkbox"/>	7. Geotechnical Report.
YES	<input type="checkbox"/>	8. Hazardous Materials Summary sheet.
YES	<input type="checkbox"/>	9. Completed contact list with names, phone numbers, email addresses, and physical addresses of building owner, contractor, tenants, and all design professionals

REQUIRED FOR APPROVAL	CHECK IF SUBMITTED	PLAN REQUIREMENTS
YES	<input type="checkbox"/>	10. Paper Plans and specifications two sets each.
YES	<input type="checkbox"/>	11. One complete digital submittal of all plans.
YES	<input type="checkbox"/>	12. Civil Plans to include Erosion Control Drainage and Utility Plans
YES	<input type="checkbox"/>	13. Survey prepared by a MN licensed surveyor.

- YES 14. Architectural
- YES 15. Structural
- YES 16. Mechanical
- YES 17. Plumbing (Plan submittal to State required)
- YES 18. Electrical
- YES 19. Fire Suppression if applicable.
- YES 20. All sheets are signed by the appropriate design professional.

Title Sheet or First Plan Sheet includes

- YES 21. Name and address of building.
- YES 22. Description of occupancy/use all spaces.
- YES 23. IBC occupancy classification.
- YES 24. IBC construction type classification.
- YES 25. Number of sf in each space and on building floor.
- YES 26. Number of stories above and below grade.
- YES 27. Allowable area.
- YES 28. Occupant load.
- YES 29. Number of required exits and provided exits.
- YES 30. Indicate sprinkled or non sprinkled.
- YES 31. Indicate fire alarm requirements as applicable.
- YES 32. Common path of egress travel, measured at right angles.
- YES 33. Separated/non separated with supporting information.
- YES 34. Plumbing fixture count provided & required.
- YES 35. Accessible parking provided & required.

Building Key Plan includes

- YES 36. Exit path to the exterior and to the public way.
- YES 37. Occupancy classification of adjacent tenants.
- YES 38. Location of space in building.
- YES 39. Direction indicator (N, S, E, W) with arrow.

Floor Plan includes

- YES 40. Scale on each plan and/or detail.
- YES 41. Rooms marked with number and room name or use.
- YES 42. Fire rated and smoke rated assemblies identified using IBC chapter 2.

Other Items

- YES 43. Rejected ceiling plan with exit signs and emergency lighting located.
- YES 44. Material specifications
- YES 45. Room finish schedules.
- YES 46. Door and hardware schedule, ratings, and locking arrangements.
- YES 47. Details of all required accessible components.
- YES 48. Furniture fixture/equipment layout plan.
- YES 49. A record utility plan will be submitted prior to Bldg final.
- YES 50. A record as built grading plan will be submitted prior to Bldg final.

Plans will be reviewed by the Community Development Department, applicants can expect a two week turn around once the submittal is complete. Please note other Authorities having jurisdiction may also require plan review for your project. By signing below I acknowledge that the items checked are included on or with the submitted plans.

Licensed Design Professional signature_____ Print Name_____

Work Phone_____ Cell Phone_____ Email_____

Company Name_____ Address_____

Zipcode_____ Submittal Date_____

Helpful Contacts

SACprogram@metc.state.mn.us	651 602-1531
Minnesota Dept of Health	651 201-4500
State Plumbing Plan Review	651 284-5063
Minnesota Dept of Agriculture	651 201-6027
rick.chase@ci.rosemount.mn.us	Building Official/Fire Marshal 651 322-2036