

Application Submittal Requirements

Revised 05-17-19

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

Scope: Commercial Plan Review Tenant Build-Out or Remodel.

Please note : Change in use will require additional submittals

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. 2019 Met Council charges \$2,485.00 City of Rosemount charges \$ 1200.00 per unit.
YES	<input type="checkbox"/>	2. Completed building permit application.
YES	<input type="checkbox"/>	3. Plumbing plans submitted to the State as applicable.
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 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"/>	6. Architectural
YES	<input type="checkbox"/>	7. Structural (if applicable to the project).
YES	<input type="checkbox"/>	8. Mechanical
YES	<input type="checkbox"/>	9. Plumbing (Plan submittal to State required)
YES	<input type="checkbox"/>	10. Fire Suppression if applicable.
YES	<input type="checkbox"/>	11.. All sheets are signed by the appropriate design professional.
Title Sheet or fist plan sheet includes		
YES	<input type="checkbox"/>	12. Name and address of building.
YES	<input type="checkbox"/>	13. Description of occupancy/use all spaces.
YES	<input type="checkbox"/>	14. IBC occupancy classification.
YES	<input type="checkbox"/>	15. IBC construction type classification.
YES	<input type="checkbox"/>	16. Number of sf in each space and on building floor.
YES	<input type="checkbox"/>	17.. Number of stories above and below grade.

- YES 18. Occupant load.
- YES 19. Number of required exits and provided exits.
- YES 20. Indicate sprinkled or non sprinkled.
- YES 21. Indicate fire alarm requirements as applicable.
- YES 22. Common path of egress travel, measured at right angles.
- YES 23. Separated/non separated with supporting information.
- YES 24. Plumbing fixture count provided & required.

Building key plan includes

- YES 25. Exit path to the exterior and to the public way.
- YES 26. Occupancy classification of adjacent tenants.
- YES 27. Location of space in building multi tenants.
- YES 28. Direction indicator (N, S, E, W) with arrow.

Floor plan includes

- YES 29. Scale on each plan and/or detail.
- YES 30. Rooms marked with number and room name or use.
- YES 31. Fire rated and smoke rated assemblies identified using IBC chapter 2.

Other Items

- YES 32. Rejected ceiling plan with exit signs and emergency lighting located.
- YES 33. Room finish schedules.
- YES 34. Door and hardware schedule, ratings, and locking arrangements.
- YES 35. Details of all required accessible components.
- YES 36. Furniture fixture/equipment layout plan.

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 _____

Zip Code _____ 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

