

Application Submittal Requirements

Revised June 2020

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
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- | | | |
|-----|--------------------------|--|
| YES | <input type="checkbox"/> | 1. SAC determination submitted to Metropolitan Council. Met Council charges \$2,485.00 and 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 2020 MN Energy Code. |
| YES | <input type="checkbox"/> | addresses of building owner, contractor, tenants, and all design professionals |

REQUIRED FOR APPROVAL	CHECK IF SUBMITTED	PLAN REQUIREMENTS
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- | | | |
|-----|--------------------------|---|
| 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 First Plan Sheet Includes		
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- | | | |
|-----|--------------------------|---|
| 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 | <input type="checkbox"/> | 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

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| 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 |
| Minnesota Building Code | |
| rick.chase@ci.rosemount.mn.us | Building Official/Fire Marshal
651 322-2036 |