

Commercial Remodel/Alteration Checklist

Building Inspections | City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2650

Complete this checklist form and submit electronically to the documents file folder in ePlans. Incomplete submittals or illegible plan review documents will be rejected.

CHECKLIST MUST BE FILLED OUT AND INCLUDED WITH YOUR EPLAN SUBMITTAL

PROPERTY INFORMATION			
Site Address:	PROPERIT	INFORMATION	Parcel ID:
	C lealth tate a		Parcel ID:
Lot: Block:	Subdivision:		
Business/Tenant:			l
Property Owner Name:			Phone:
Email:		timated Value of Work (incl	ude labor) \$
APPLICANT/CONTRACTOR INFORMATION			
Applicant Name:			License #:
Applicant Email:			Phone:
Contractor (if different):			Phone:
Architect:			Phone:
Contact Name:		Email:	
Engineer:			Phone:
Contact Name:		Email:	
SUBCONTRACTOR INFORMATION (if applicable)			
Plumbing:		Phone:	License #:
Mechanical:		Phone:	License #:
Fire:		Phone:	License #:
Water/Sewer:		Phone:	License #:
Please complete the checklist below for each of the applicable requirements:			
Building Document Details – The building documents must include the following:			
 □ Cover Sheet with the follow analysis prepared and certifich Building Code Analysis: Ident demonstrate through calculations and provide a plate plumbing fixture calculations. □ Floor Plans: Clearly different spaces. Indicate location of twork. Provide reference ma □ Sections/Details: Illustrate the dimensions □ Fire Rated Assemblies: Provide reference 	ed by an architect licentify construction type. Itions that the propose in diagram if mixed occupant locates based on occupant locate between new and fire rated assemblies arks to other drawings. The basic wall section a	nsed in Minnesota Identify occupancy groups od work complies with build cupancy. Indicated occupan oad dexisting work. Provide fun and construction types. Providentify all exit signs and en and detail transitions. Providentify	and associated floor areas, ing code allowable area t loads and exiting. Provide ctional room names for all vide dimensions to all new
☐ Interior Elevations: Provide of reception counters, drinking	dimensioned elevatior	ns at handicap accessible fur	

<u>General Requirements</u> – General items to include if applicable:			
☐ Metropolitan Council Sewer Availability Charge (SAC) determination			