



CITY OF ROCHESTER
BUILDING SAFETY DEPARTMENT
PLAN REVIEW & PERMIT SERVICES DIVISION
 2122 Campus Drive SE Suite 300
 Rochester, MN 55904
 Phone: 507-328-2600 Fax: 507-328-2601
 Office Hours: Monday – Friday 8 am – 5 pm
buildingsafety@rochestermn.gov
www.rochestermn.gov/BuildingSafety

GRADING

Permit Application

Office Use Only	(06/19)
App. No. _____	

Date _____ Building Permit Application No. _____
 (If this work is associated with a building permit)

Tenant/Building Name _____

Work Site Address _____
 Number _____ Street _____ Suite/Unit No. _____

Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: Owner Contractor Other (describe) _____ Project is: Commercial Residential

Property Owner	Name _____ Phone _____ <small>Last First MI</small>
	Address _____ Email _____
	City _____ State _____ Zip Code _____

Contractor	Company _____ MN Contr. Lic. _____
	Phone _____ - _____ - _____ E-mail _____
	Name _____ <small>Last First MI</small>
	Address _____
	City _____ State _____ Zip Code _____

Engineer/ Designer	Company _____ Registration No. _____ <small>(State of MN)</small>
	Name _____ Phone _____ <small>Last First MI</small>
	Address _____ Email _____
	City _____ State _____ Zip Code _____

Description of Work _____

No. of Cubic Yards (Excavation or fill, whichever is greater) _____ Fees due: _____

Method of Payment:

Check Credit Card Cash Trust Account

I hereby apply for a Grading Permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and Rochester Code of Ordinances Chapter 10-2, Sections 10-2-6 –10-2-9. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans). (Rochester Code of Ordinances Chapter 4-1)

 Applicant's Signature Date

