



**CITY OF ROCHESTER**  
**BUILDING SAFETY DEPARTMENT**  
**PLAN REVIEW & PERMIT SERVICES DIVISION**  
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 Office Hours: Monday – Friday 8 am – 5 pm  
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[www.rochestermn.gov/BuildingSafety](http://www.rochestermn.gov/BuildingSafety)

# GRADING

## Permit Application

Office Use Only	(01/20)
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

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

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

<b>Engineer/ Designer</b>	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)*

\_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Signature

