

City of NEWPORT Certificate of Occupancy Permit Application

Newport City Hall ♦ 596 7th Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Telephone 651-459-5677 ♦ Fax 651-459-9883

Application Date: _____ Permit No. _____

Applicant Information

Business Name: _____ Telephone: _____

Applicant's Name: _____ Telephone: _____

Mailing Address: _____

City/State/Zip: _____

Property Owner Information

Name: _____ Telephone: _____

Mailing Address: _____ Telephone: _____

City/State/Zip: _____

Project Information

Address of Building: _____

Use of Building: _____ Occupancy Group: _____

Occupancy Load: _____ Square Footage: _____ Zoning District: _____

Off Street Parking: Spaces Required _____ Spaces on Plan _____ Fire Sprinklers Required: Yes No

Applicant Statement and Acknowledgements

I understand that I am required to comply with City Ordinances, Minnesota State Building Code and all other applicable codes, and that this building permit will expire within 180 days if work is not commenced. I further understand that before the "C of O" is issued the driveway must be completed and the "Certificate of Survey" Requirements must be met. I will also be responsible for any and all Engineering Services specifically required for this project.

Applicant/Agent Printed Name: _____ Signature: _____

Make Check Payable to: CITY OF NEWPORT

Certificate Fee: \$ _____ Payment made: _____ Receipt #: _____



Commercial Plan Review Supplement

Please provide the following information and documentation referencing the 2007 MN State Building Code to accompany the certificate of occupancy permit submitted for review for a new commercial business in Newport.

Project Name/Address: _____

- Completed Building/Zoning Permit Application.
*Separate permits are required for electrical, mechanical, plumbing, fire suppression, fire alarms, and signage work
- Scaled floor plan(s) with all rooms labeled as to use
- Submittal must include summary details below, or separate sheet identifying:
 - Tenant use: _____
 - Tenant occupancy classification: _____
 - Total occupant load: _____
 - Total square footage (all levels): _____
 - Travel distance to exits: _____
 - Original building design (circle one): **Separated** **Non-separated**

Comments: Please note below any details unique to this project

For additional information or confirming details pertinent to this project, please contact Building Official Bob LaBrosse, at Office: (651) 458-2828 / Cell: (651) 485-8711 / Email: blabrosse@cottage-grove.org.