

Site Address:

Agency Requests for Code Verification (CSARQ) Application

Submit this application to Construction Services along with a description or floor plan showing the program space, any form from other agencies to be filled out and the \$111.00 Compliance Verification fee. If there is a current Building Permit associated with the program/facility in question, the verification fee may be waived.

		<u> </u>		
Program Name:		Contact Name:		
Contact Phone:		 Contact Email:		
Government Agency Requesting:		Government Agency Email:	_	
Describe Proposed Use of Space:		_		
Describe Previous Use of Space:				
	d care facility Allity Tre Dable of responding to an electronic discounts of the control of t	ocial rehabilitation facility Alcohol and drug center Child care facility Children 2 1/2 years or Adult day care facility alon or barbershop Cattoo Parlor Other: mergency situation without ass ling to an emergency situation	sistance	
☐ More than 16 person☐ 6-16 persons served☐ 5 or fewer persons se		r of people:		
Check the applicable category bappropriate category.	elow. Submit this form ald	ong with the additional inform	ation required for the	
■ Submit this form ☐ No change of use group	and the agency request fo	expansion of space is propose		

■ Pr su th ☐ Change of	ior to completion of mmary to be submi e site inspected and use group category	7, no alterations or expansion of the interagency request form tted for review. A building poil of a certificate of occupancy is of alteration and/or expansion of the interagency request form	m, a MN licensed are ermit application me sued for the new us on proposed.	chitect must prepare a code ust be made for the change e.	of use,
		or the work proposed. A build		· · · · · · · · · · · · · · · · · · ·	viewed
□ New cons		it issued, work inspected and	a dertificate of occ	upancy issued.	
su	mmary and plans fo	f the interagency request form or the work proposed. A build nit issued, work inspected and	ding permit applicat	ion must be made, plans rev	
Ву	signing below, I con	firm that the information pro	ovided herein is com	plete and accurate.	
	Signature	Print Name		Date	
Below is for Office UDC Zone District: Occupancy Class(e	•	Building Construction Typ	e: y Class(es) in Buildiı	Existing C of O:	
Research Results					
	Program/Facility	is a permitted use in the zo	ne district.		
	Program/Facility	is a permitted use per MN S	State Building Code	criteria and may be occupi	ed.
	Program/Facility are met.	does not meet code require	ements and cannot	be occupied until requirem	ents
		does not meet code require, pending completion of re		temporarily occupied until	
	PEX Signatu	ure:	Date:		