



**Department of Building Safety**  
101 4<sup>th</sup> Street East, Hastings, MN 55033  
Phone: 651-480-2342  
Email: [building@hastingsmn.gov](mailto:building@hastingsmn.gov)  
[www.Hastingsmn.gov](http://www.Hastingsmn.gov)

**Change of Use/Change of Occupancy  
Application**

**CHANGE OF USE/CHANGE OF OCCUPANCY PERMIT APPLICATION SUBMITTAL CHECKLIST**

A permit is required for any commercial change of occupancy. A separate permit may be required for any physical alterations.

Permits must be submitted by the responsible contractor, property owner or authorized agent (tenant).

**Submit via Email:** [building@hastingsmn.gov](mailto:building@hastingsmn.gov)

- ☐ Completed and signed New Business Occupancy Application.
- ☐ Owner waiver if owner is performing work. Authorized agent form if tenant is performing work.
- ☐ Occupancy classification
- ☐ SAC determination letter
- ☐ Floor plan
  - Existing & proposed layout, shelving, workspaces, window/door locations, etc.
  - Dimensions
  - Label spaces with intended use (ex. bath, storage, break room)
  - Exiting
  - Adjacent unit occupancy

**The following information must be submitted (as applicable) separate from the information above.**

- ☐ Permit application for any building, electrical, plumbing, mechanical, fire alarm/sprinkler or electrical work.
- ☐ Sign permit application submitted to Planning & Zoning department.
- ☐ HPC approval for any changes that involve the exterior of a designated Historic Preservation Site.
- ☐ SAC determination application submitted to [Metropolitan Council](#).

Incomplete applications will extend the review period. To minimize the period for review and permit approval, it is very important that your application is complete, and all the required supporting documentation is attached.

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SITE ADDRESS: \_\_\_\_\_

PID#: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Description of Project:** \_\_\_\_\_ **Valuation:** \$ \_\_\_\_\_

**Note:** If building is a Heritage Preservation Site prior approval from city planner and/or HPC is required before issuance of permit for any work involving the exterior of the structure.

**Building Contractor**

☐ Owner/Tenant Performed  
(Owner Waiver or  
Authorized Agent Form  
Required)

Company/Name: \_\_\_\_\_ Phone: \_\_\_\_\_

License # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*The undersigned acknowledges that he/she has read this application, and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hastings.*

\_\_\_\_\_  
**Signature of Applicant or Authorized Agent**\_\_\_\_\_  
**Date**

**NOTICE:** This is an **application only**. Permit will be issued after City approval and payment of fees. Permit shall be null and void if authorized work is not started within 180 days or work is suspended for 180 days or more.

**Change of Use/Change of Occupancy Permit Fee: \$100.00**



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**OFFICE USE ONLY**

Bld Type	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MIXED USE			
Work Type				
Required Inspections	<input type="checkbox"/> Final <input type="checkbox"/> Life Safety Final			
Fee Notes		<input type="checkbox"/> Other _____ _____ _____		

Building Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Marshal Approval: \_\_\_\_\_ Date: \_\_\_\_\_