



PERMIT APPLICATION – RETAINING WALL

City of Prior Lake Building Department
 4646 Dakota Street SE
 Office: 952.447.9850 | permits@cityofpriorlake.com

Date: _____

Permit # _____

SITE INFORMATION Shoreland District – Update Survey Required Bluff & Riparian Lots –Any Height Permit Required

Site Address		Parcel ID		
Owner:		Phone:		
Email:	Subdivision	Lot	Block	Zoning

APPLICANT/CONTRACTOR INFORMATION Work being completed by property owner

Applicant/Company Name		License No		
Address	Email			
City	State	Zip		
Contact Person	Phone			

PERMIT DETAILS Wall 4ft or greater – Survey Required **Under 4ft grading permit required**

Location of work: _____

Description of work: _____

Estimated Start Date	Estimated End Date
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PROVIDE THE FOLLOWING WITH APPLICATION

1 PDF AND (1) copy of engineered retaining wall plan

Signed Geotechnical Report

Signed Soil Stabilization Analysis

Updated Survey – Including

<input type="checkbox"/> Existing and proposed structures to scale	<input type="checkbox"/> Property Lines	<input type="checkbox"/> Easements
<input type="checkbox"/> Top and bottom of the bluff (if applicable)	<input type="checkbox"/> Existing and proposed setbacks	<input type="checkbox"/> Ordinary high water
<input type="checkbox"/> Existing and proposed impervious surface calculations	<input type="checkbox"/> Grades at 2' intervals	<input type="checkbox"/> Physical barrier at top of wall
<input type="checkbox"/> Existing and proposed top of wall and bottom of wall	<input type="checkbox"/> Tree inventory – significant trees	

SIGNATURE

I hereby certify that I have read section 706 of the city code and accept the terms and conditions outlined herein. I hereby further agree to fully comply therewith to the satisfaction of the City of Prior Lake Community Development Department or its designated agent(s). I further hereby certify that the information contained herein is correct and agree to do the proposed work in accordance to provisions of the ordinances of the City of Prior Lake and any other governing agency requirements. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit will expire in six (6) months from the date of issue if a passing final inspection is not obtained.

Signature of Applicant	Date
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Printed Name of Applicant _____

For Office Use Only

Structural Engineering Reviews (Consultant) – Consultant Fee Required \$ _____

A Grading Permit is Required

FEE SCHEDULE		Approvals
Valuation \$ Fee	\$	Building Official
Escrow for Engineers Fees	\$	City Engineer
Total	\$	