

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 permits@robbinsdalemn.gov

COMMERCIAL PROPERTY OWNER'S AFFIDAVIT WORK PERMIT CERTIFICATION

DATE: _____

l,	HEREBY CERTIFY THAT I AM THE COMMERCIAL
PROPERTY OWNER OF (ADDRESS)	,
AND WILL APPROVE THE (JOB DESCRIPTION)	WORK
MYSELF OR APPROVE THAT (CONTRACTOR)	CAN COMPLETE
THIS WORK ON MY BEHALF.	

As a Commercial Building owner, you are approving this this permit yourself and/or approving the above contractor

to complete the work on your behalf and insuring the job is fully completed.

COMMERCIAL OWNER SIGNATURE

PHONE #

EMAIL ADDRESS: