

Application for Building Permit

City of Dennison
Post Office Box 56
Dennison, Minnesota 55018
Telephone: 507/645-7732

Applicant Information

Name of **Applicant** (*Individual*): _____ Telephone: _____
Individual's Mailing Address: _____ Telephone: _____
City/State/Zip: _____ E-Mail: _____
Name of **Company** (*if applicable*): _____ **License Number:** _____
Company's Mailing Address: _____ Qualifying Person: _____
City/State/Zip: _____ Telephone: _____

Property Information

Site Address: _____ **Parcel Number:** _____
Size of the Parcel: _____ City or Township: _____
Name of Property Owner: _____ Owner Waiver Included? _____
Mailing Address: _____ Telephone: _____
City/State/Zip: _____ Telephone: _____

Project Information

Circle Type of Permit: **Residential** or **Non-Residential**. If not residential, specify: _____
State the **Use** of Structure: _____ Size of Structure or Project: _____
Circle Type of Work: New / Addition / Repair or Remodel / Re-Roof / Plumbing / Mechanical / Other? _____
Value of Proposed Project or Work (*Required by SBC*): _____
Describe Proposed Project and Scope of Work: _____

Professionals Involved

General Contractor: _____ License Number: _____ Telephone: _____
Plumbing Contractor: _____ License Number: _____ Telephone: _____
Mechanical Contractor: _____ State Bond: _____ Telephone: _____
Electrical Contractor: _____ License Number: _____ Telephone: _____
Design Professional: _____ License Number: _____ Telephone: _____
Other: _____ License Number: _____ Telephone: _____

Applicant Statement and Acknowledgement

To avoid permit expiration, **begin work and call for first inspection within 180 days of permit issuance**. I certify that the information on this application is true, complete, and correct. All work done and all materials used will be in conformance with the approved plans and specifications and in compliance with the requirements of the Minnesota State Building Code and other applicable statutes, ordinances, rules, and regulations that govern building construction or use.

X Applicant Signature: _____ Date: _____

***** Items Below Are For County Building Official Use *****

Application _____ Construction Plans _____ Site Plan _____ Environmental Health Approval _____
Waiver(s) _____ Additional Plan Info _____ Other _____ Final Zoning Approval _____

Building Official Approval

Comments/Conditions: _____

Signature: _____ Date: _____

Fees

General Permit Fee: \$ _____ Valuation of Permit: \$ _____
Plan Check Fee: \$ _____ Occupancy Class: _____
State Surcharge: \$ _____ Construction Type: _____
Other Fee: \$ _____ Date Fee Paid: _____
Total Fee: \$ _____ Receipt Number: _____

Permit Number: _____
Issue Date: _____