

Application for Building Permit

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: _____