

# Application for Building Permit

City of Cannon Falls  
City Hall / 918 River Road  
Cannon Falls, Minnesota 55009  
Telephone: 507/263-9300  
[www.cannonfallsmn.gov](http://www.cannonfallsmn.gov)

### 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:** \_\_\_\_\_