

## Application for Plan Review

Document Submittal Format:  Paper  Electronic

PROJECT INFORMATION				
PROJECT TITLE			PROJECTED CONSTRUCTION VALUATION	
PROJECT LOCATION (number and street name)			INITIAL APPLICATION PROJECT NUMBER BLD-	
PROJECT CITY or PROJECT TOWNSHIP (Enter only the city or the township, not both)			COUNTY	
OWNER (OR STATE AGENCY IF APPLICABLE)			CONTACT PERSON	
ADDRESS			PHONE	
CITY	STATE	ZIP CODE	E-MAIL	
DESIGN FIRM			PROJECT CONTACT	
ADDRESS			PHONE	
CITY	STATE	ZIP CODE	E-MAIL	

**PROJECT TYPE**  
 (As defined by MN Statutes 326B.103 Subd. 11, 326B.103 Subd. 13, & 326B.108)

- State Owned** – A building and its grounds the cost of which are paid for by the state or state agency regardless of its cost.
- Place of Public Accommodation** – A facility designed for occupancy by 200 or more people in a non-code adopted municipality
- Public School District K-8:** A school district or charter school building project that does NOT serve grades 9-12, costing \$100,000 or more.
- Public School District including HS** - A school district or charter school building project that includes grades 9-12, costing \$100,000 or more.

**State Licensed Facility** as defined by MN Statute 326B.103: a building and its grounds that are licensed by the state as a:

hospital,  nursing home,  supervised living facility,  free-standing outpatient surgical center,  
 correctional facility,  boarding care,  residential hospice.

**If your project is not licensed specifically as listed above, the project is not under the jurisdiction of the Building Plan Review Unit.**

CLASS OF WORK			
<input type="checkbox"/> New Building Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodeling	<input type="checkbox"/> Other, specify:
IBC OCCUPANCY CLASSIFICATION(S)	IBC TYPE OF CONSTRUCTION(S)	SPRINKLED <input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D	MN RULE 1306 YES NO

PROJECT DESCRIPTION

**NOTE: The following materials shall be submitted (as applicable) with this Application for Plan Review; Failure to submit all required information will result in delay of project processing.**

- |   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 1. Complete set of Plans and Specifications | 4. Code Record                    | 7. Soils Investigation Report   |
| 2. Addenda and/or Change Orders             | 5. Sample Structural Calculations | 8. Energy Code Compliance Forms |
| 3. Plan Review Fee                          | 6. Special Inspection Program     |                                 |

APPLICANT INFORMATION				
APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE	PHONE	
APPLICANT ADDRESS (IF NOT LISTED ABOVE)	CITY	STATE	ZIP	E-MAIL

Calculated Plan Review Fee (By Applicant)	FOR OFFICE USE ONLY		
Please see: <a href="http://www.dli.mn.gov/CCLD/PlanConstructionCalc.asp">www.dli.mn.gov/CCLD/PlanConstructionCalc.asp</a> for correct calculation of the required plan review fee.	Date	Amount of Check	
Plan Review Fee: <input type="checkbox"/> Check Enclosed Invoice: <input type="checkbox"/> to Owner <input type="checkbox"/> to Design Firm	Invoice #	Check #	Returned Check
<b>Note: Invoice option delays plan review until payment is received.</b>	<input type="checkbox"/> 75% <input type="checkbox"/> 100%	BLD-	

This material can be made available in different forms such as large print, Braille or audio. To request, call 1-800-342-5354.