Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Building Plan Review
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5857
www.dli.mn.gov/CCLD/PlanConstruction.asp

Reset

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
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 -** A school district building project or charter school building project, the cost of which is **$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

☐ New Building Construction ☐ Addition ☐ Remodeling ☐ Other, specify:

IBC OCCUPANCY CLASSIFICATION(S)	IBC TYPE OF CONSTRUCTION(S)	SPRINKLED ☐13 ☐13R ☐13D

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
2. Addenda and/or Change Orders
3. Plan Review Fee
4. Code Record
5. Sample Structural Calculations
6. Special Inspection Program
7. Soils Investigation Report
8. Energy Code Compliance Forms

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: www.dli.mn.gov/CCLD/PlanConstructionCalc.asp for correct calculation of the required plan review fee.	Date	Amount of Check	
Plan Review Fee: ☐ Check Enclosed Invoice: ☐ to Owner ☐ to Design Firm **Note: Invoice option delays plan review until payment is received**	Invoice #	Check #	Returned Check
	☐ 75% ☐ 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.