

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** - 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			
<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	

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.

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|---|-----------------------------------|---------------------------------|
| 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: www.dli.mn.gov/CCLD/PlanConstructionCalc.asp 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
Note: Invoice option delays plan review until payment is received	<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.