

(Choose only one)

Permit Application for: **Building** **Fire Alarm**
 Mechanical **Sprinkler**

Building Plan Review #:

PROJECT INFORMATION

PROJECT TITLE	CONSTRUCTION VALUATION
PROJECT LOCATION (number and street name)	ANTICIPATED START DATE
PROJECT CITY or TOWNSHIP (Enter only city or township, not both)	COUNTY

PROJECT DESCRIPTION

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 Statute 326B.103 Subd. 11 and Subd. 13)

Public Buildings - A building and its grounds the cost of which are paid for by the state or state agency regardless of its costs.

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.

Including High School K – 8 (Only)

State Licensed Facility - A building and its grounds that are licensed by the state as a:
 boarding care colleges and universities (MNSCU) correctional facility free-standing outpatient surgical center
 hospital nursing home residential hospice supervised living facility

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

TYPE OF WORK

Class of Work is: New Addition/Alteration Alteration Other (specify)

APPLICANT INFORMATION

Permit Applicant is: Owner Designer Contractor Other (specify)

APPLICANT	PHONE
------------------	-------

ADDRESS

CITY	STATE	ZIP CODE	E-MAIL
------	-------	----------	--------

Applicant: I completed the information on this application and acknowledge that this is not a building permit. Work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code. Work will not begin until the building permit has been issued by this office.

APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE
------------------------	---------------------	------

CALCULATED PERMIT FEES (By Applicant)	FOR OFFICE USE ONLY		
Please see: www.dli.mn.gov/CCLD/PlanConstructionCalc.asp for correct calculation of the required surcharge and mechanical permit fee. Check (enclosed)	Permit Fee	Date	Amount of Check
	Surcharge Fee	Invoice #	Check #
Invoice: to State Agency Note: Invoicing is only available to state agencies and you must provide your 10 character Customer Number and Sequence Number below: Customer Number: Customer Sequence Number:	Total Fee	Returned check	Permit #

This material can be made available in different forms. To request, call 1-800-342-5354 (DIAL-DLI).