



# Building Permit Application

Appl # \_\_\_\_\_

3400 Plymouth Blvd • Plymouth, MN 55447

\$ \_\_\_\_\_

763-509-5430 • 763-509-5407 (fax)

Invoice \_\_\_\_\_

www.plymouthmn.gov • inspections@plymouthmn.gov

REV: 8/17/18

**PROPERTY INFORMATION**

SITE ADDRESS <u>OR</u> SUBDIVISION, LOT AND BLOCK	SUITE	DATE
LOT _____ BLOCK _____		

OR PROPERTY I.D. (PIN) NO.	<b>PROJECT VALUATION - \$</b>
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PROPERTY OWNER / TENANT	ARE YOU AN APPROVED INVOICED CONTRACTOR? Y N
	IF YES, ARE THE PERMIT FEES TO BE INVOICED? Y N

**NON INVOICED CUSTOMERS:** PERMITS MUST BE PICKED UP AND PAID FOR IN PERSON. MAILED CHECKS WILL BE RETURNED.

**APPLICANT INFORMATION**

Applicant is:  Property Owner  Contractor  Tenant  Other Lead firm Cert # If constructed prior to 1978. If none, see supplemental form.

APPLICANT'S NAME	PHONE NUMBER	STATE LICENSE #
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COMPANY NAME	E-MAIL ADDRESS
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COMPANY ADDRESS	CITY	STATE	ZIP
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**Architect-Engineer**

COMPANY NAME	CONTACT PERSON
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PHONE	FAX / E-MAIL
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**DESCRIPTION OF WORK**

<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair	DETAILED DESCRIPTION OF WORK
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<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Demolition <input type="checkbox"/> Other	
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<p align="center"><b>CHECK BOX THAT APPLIES:</b></p> <input type="checkbox"/> <b>Single-Family</b> detached <input type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> <b>Industrial</b> <input type="checkbox"/> <b>Two-Family</b> duplex on one lot <input type="checkbox"/> <b>Church</b> <input type="checkbox"/> <b>Public</b> <input type="checkbox"/> <b>Multi-Family</b> 5 or more dwellings <input type="checkbox"/> <b>Garage</b> <input type="checkbox"/> <b>Pool</b> <input type="checkbox"/> <b>Townhouse</b> <input type="checkbox"/> <b>Shed</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> <b>Retaining Wall</b>	<p align="center"><b>CHECK ALL BOXES THAT APPLY:</b></p> <input type="checkbox"/> Deck <input type="checkbox"/> Re-Roof <input type="checkbox"/> Windows <input type="checkbox"/> Retaining wall <input type="checkbox"/> Re-Side <input type="checkbox"/> Other _____
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**BUILDING INFORMATION**

Proposed sq ft: _____	Sprinkled per NFPA _____
Number of dwelling units: _____	

**Applicant: Please read and sign below**

I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the State Building Code and applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection, that a final inspection approval and Certificate of Occupancy are required prior to occupying the building. This permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days.

**\*Separate permits are required for Plumbing, Mechanical and Electrical work\***

APPLICANT'S SIGNATURE	DATE
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**OFFICE USE ONLY**

Permit remarks:			PERMIT FEE: \$ _____
CODE EDITION	<input type="checkbox"/> Footing <input type="checkbox"/> Drywall <input type="checkbox"/> Special Insp. Rep <input type="checkbox"/> Foundation <input type="checkbox"/> Lath <input type="checkbox"/> Erosion Control	A FILE # _____	PLAN CHECK FEE: _____
CONST. TYPE	<input type="checkbox"/> Pre Backfill <input type="checkbox"/> Fire/Life Safety <input type="checkbox"/> Henn. Co Health <input type="checkbox"/> Slab <input type="checkbox"/> As-Built Survey <input type="checkbox"/> Tree Pres.	TREE DEPOSIT ONE _____ TWO _____ TOTAL: _____	SURCHARGE: _____
OCCUPANCY/GROUP	<input type="checkbox"/> Framing <input type="checkbox"/> Final <input type="checkbox"/> Insulation <input type="checkbox"/> Other	Other Reviews or N/A _____ MCES SAC _____ <input type="checkbox"/>	MCES SAC: _____ SREC: _____ WREC: _____ OTHER: _____
BUILDING SIGNATURE / DATE	Fire Division _____ <input type="checkbox"/> Planning Division _____ <input type="checkbox"/>	PLANNING SIGNATURE: _____ DATE: _____	REDUCED PLAN CHECK: _____ TOTAL FEE: \$ _____