



BUILDING PERMIT APPLICATION
 5959 Main Avenue
 Albertville, MN 55301
 Phone: 763-497-3384 Fax 763-497-3210

Date Received _____
 Date Notified _____
 Date Paid _____
 Ck, Cash, CC _____
 Permit # _____

Site Address: _____
Business Name: _____
The Applicant is: _____ Owner _____ Contractor _____ Tenant

Legal Description:
 Addition _____ Lot _____ Block _____

Owner:
 Name _____ Address _____
 City _____ St _____ Zip _____
 Phone (H) _____ (W) _____ (C) _____

Contractor:
 Company Name _____ License # _____
 Address _____ City _____ St _____ Zip _____

Contact Person _____
 Phone: (W) _____ (C) _____ (Fax) _____

Architect:
 Name _____ Address _____
 City _____ St _____ Zip _____
 Phone (W) _____ (C) _____ (Fax) _____

- Type of Work:**
- | | | | |
|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> New Construction Residential | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Finish Bsmt |
| <input type="checkbox"/> New Construction Commercial | <input type="checkbox"/> Garage/Shed | <input type="checkbox"/> Reside/Reroof | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Tenant Finish | <input type="checkbox"/> Plbg | <input type="checkbox"/> Htg | <input type="checkbox"/> Deck |

Description of Work: _____

Size of Structure: Length _____ Width _____ Height _____

Total Square Footage:
 First Floor _____
 Second Floor _____
 Basement _____
 Garage _____

Estimated Valuation of Work: _____

I hereby apply for the above consideration and declare that the information and materials submitted with this application are in compliance with City Ordinance and Policy Requirements and are complete and accurate to the best of my knowledge.

I understand that all City incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and/or applicant and should be promptly paid. If payment is not received from the applicant, the property owner acknowledges and agrees to be responsible for the unpaid fee balance either by direct payment or a special assessment against the property. If the property fee owner is not the applicant, the applicant must provide written authorization by the owner to make application.

Applicants Signature _____ Applicants Printed Name _____ Date _____

BUILDING PERMIT FEES	
Permit	_____
Surcharge	_____
Plan Check	_____
Engineering (site)	_____
Mechanical	_____
Fireplace (s)	_____
Plumbing	_____
S & W	_____
Water Meter	_____
City WAC	_____
JP WAC	_____
SAC	_____
Storm Water	_____
License Check	_____
Other	_____
TOTAL	_____
Type of Const.	_____
Use of Bldg	_____
Occupancy Group	_____
Occupancy Load	_____
Zoning	_____
Code Used	_____
Are Fire Sprinklers Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept.	Date _____ Approved _____
City Engineer	_____
City Planner	_____
Public Works	_____

Approved by Building Official _____ Value Approved _____ Date _____

Special Conditions or Comments: _____



City of Albertville
 5959 Main Ave, P.O. Box 9
 Albertville, MN 55301-0009
 763-497-3384, ext 103 Fax: 763-497-3210

Received Stamp

PERMANENT SIGN PERMIT APPLICATION

Please print or type all information. Complete all applicable items on both pages. **A Building Permit Application must accompany each Permanent Sign Permit Application.** Property Owners/Landlords Approval is required for Permanent Signs by signature below or letter of approval submitted with application.

Property Address: _____

Applicant Name: _____ Address: _____

Applicants Phone: _____

Applicant is (please check one) Owner Contractor Other

Property Owner's Name _____

Owners Signature * Required _____

Street Address _____

Phone Number _____

City _____

State _____ Zip Code _____

Sign Contractor's Name _____

Telephone Number _____

Street Address _____

City _____

State _____ Zip Code _____

Class of Work: New Addition Alteration Repair Demolition

MUST INCLUDE A PICTURE OF SIGNAGE ON BUILDING WITH DIMENSIONS OR SURVEY WITH SIGN DRAWN ON IT TO SCALE FOR MONUMENT OR FREESTANDING SIGNAGE

Please Complete Page Two:

<i>Sign Types</i>	<i>Sign Faces</i>	<i>Sign Frames</i>	<i>Sign Supports</i>	<i>Class</i>
Wall	Plastic	Plastic	Plastic	Business
Freestanding	Metal	Metal	Metal	Nameplate
Temporary	Aluminum	Aluminum	Aluminum	Advertising
Billboard	Steel	Steel	Steel	Directional
Monument	Plastic	Wood	Footings	Nameplate

Note:
Please complete the following section

<i>Illuminated</i>
<input type="checkbox"/> Yes * See below
<input type="checkbox"/> No

by indicated the terms listed above in the columns provided for each sign. If more columns are needed, use an additional form.

	<i>Sample</i>	Sign 1	Sign 2	Sign 3
Type	<i>Wall</i>			
Quantity	<i>1</i>			
Face	<i>Plastic</i>			
Frame	<i>Plastic</i>			
Support	<i>Building</i>			
Class	<i>Business</i>			
<i>Illuminated</i> *	<i>NO</i>			
Length	<i>4 feet</i>			
Width	<i>4 feet</i>			
Square Feet	<i>16 square feet</i>			

IF A WALL SIGN PLEASE PROVIDE THE FOLLOWING INFORMATION:

Wall area = _____ feet high x _____ feet wide = _____ square feet

Percent of Wall Coverage by sign: _____ (Sign area divided by wall area = percent of wall coverage)

Number of existing wall signs: _____ List square footage of each existing sign: _____

Total square feet of all existing wall signs: _____ square feet

Percentage of wall area covered by signs: _____ square feet

Illumination Requirements:

* Specification as to electricity needed & illumination calculations are required.

* Will the sign include an electronic changeable copy sign or reader board? Yes No If yes, please provide details to include: Source and Illumination Specifications.

I hereby apply for a Sign Permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City; that I understand this is not a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicants Signature

Date

Building Official Signature

Date

Special Approvals:

* *Monument & Free Standing Signs ONLY unless noted*

	Date Routed	Approved
Building Official	_____	_____
Public Works Supervisor *	_____	_____
Wastewater Superintendent *	_____	_____
City Engineer *	_____	_____
Other	_____	_____