



BUILDING PERMIT APPLICATION
 5959 Main Avenue NE
 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: PID # _____
 Addition _____ Lot _____ Block _____

Owner:
 Name _____ Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone (H) _____ (W) _____ (C) _____

Contractor:
 Company Name _____ License # _____

Address _____ City _____ St _____ Zip _____

Contact Person _____ E-Mail _____

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

Architect:
 Name _____ Address _____

City _____ State _____ 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:	Total Square Footage:
Length _____	First Floor _____
Width _____	Second Floor _____
Height _____	Basement _____
	Garage _____

Estimated Valuation of Work: \$ _____

Separate permits are required for electrical, plumbing, heating or fireplace. 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. It is applicants responsibility to locate and establish the elevations, if needed, of all site improvements. Required adjustments at owners expense. 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 will be promptly paid. If payment is not received from the applicant, the property owner acknowledges and agrees to be responsible.

Applicants Signature _____ Applicants Printed Name _____ Date _____

Approved by Building Official _____ Value Approved _____ Date _____

Special Conditions or Comments: _____

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	_____