



# Building Permit Application

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

3400 Plymouth Blvd • Plymouth, MN 55447

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

763-509-5430 • 763-509-5407 (fax)

www.plymouthmn.gov • inspections@plymouthmn.gov

REV: 01/29/2020

## PROPERTY INFORMATION

SITE ADDRESS OR SUBDIVISION, LOT AND BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUITE \_\_\_\_\_ DATE \_\_\_\_\_

OR PROPERTY I.D. (PIN) NO. \_\_\_\_\_ PROPERTY OWNER / TENANT \_\_\_\_\_

## APPLICANT INFORMATION

Applicant is:  Owner  Contractor  Tenant  Other \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ COMPANY ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ LEAD FIRM CERT # If constructed prior to 1978. If none see supplemental form \_\_\_\_\_ STATE LIC # \_\_\_\_\_

## ARCHITECT / ENGINEER

COMPANY NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_ FAX / E-MAIL \_\_\_\_\_

## USE TYPE CONSTRUCTION CATEGORY

Commercial  Multi-Family  Residential  Church  Commercial  Industrial  Other  Public  
 Addition  Alteration  New Construction  Multi-Fam  Single Fam Det.  Townhouse  Two Family

## DESCRIPTION OF WORK

Accessory Structure  Footing/Foundation  Replace/Repair  Garage  Shed  Pool  Moving  
 Deck  Other  Windows  
 Demolition  Reroof  
 Fence/Retain Wall  Reside

DETAILED DESCRIPTION OF WORK: \_\_\_\_\_

Project Valuation \$ \_\_\_\_\_

## BUILDING INFORMATION

Proposed sq ft: \_\_\_\_\_ Number of dwelling units: \_\_\_\_\_ Sprinkled per NFPA \_\_\_\_\_

## 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 \_\_\_\_\_

## OFFICE USE ONLY

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