



DEPARTMENT OF BUILDING SAFETY
 100 NE 7th Avenue, Little Falls, MN 56345
 City Hall (320) 616-5500 Fax (320) 616-5505

Date Submitted _____
 Permit Number _____
 Permit Issue Date _____

Building Permit Application

1. CONTRACTOR'S LICENSE NO: _____
 2. SITE ADDRESS: _____
 3. PARCEL NUMBER _____
 4. APPLICANT E-MAIL ADDRESS _____
 5. OWNER (NAME)(ADDRESS)(TEL. NO.) _____
 6. ARCHITECT (NAME)(ADDRESS)(TEL. NO.) _____
 7. BUILDER (NAME)(ADDRESS)(TEL. NO.) _____
 8. LEAD CERTIFICATION: PRE 1978 HOME YES NO
 HOME OWNER DOING WORK YES NO
 CONTRACTOR LEAD CERTIFICATION NO. _____
 9. TYPE OF WORK: FIREPLACE HEATING PLUMBING ROOFING
 SIDING NEW CONSTRUCTION GARAGE FINISH BASEMENT
 ALTERATIONS ADDITION SEPTIC PORCH MISC. _____
 10. SIZE OF STRUCTURE: HEIGHT _____ WIDTH _____ DEPTH _____
 11. ESTIMATED VALUE _____

DESCRIPTION OF WORK: _____

Minnesota State Building Code 1300.0210 subp. 4. states; that the person doing the work authorized by a permit shall notify the building official that the work is ready for inspection.

Minnesota State Building Code 1300.0120 Subp. 11. Expiration. Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant _____
 Approved By Building Official _____
 Approved by Zoning _____

FEES

Permit Fee _____
 Plan Check Fee _____
 Penalty Fee _____
 Plumbing Fee _____
 Mechanical Fee _____
 State Surcharge Fee _____
 SAC/WAC Fee _____
 Sewer/Water Fee _____
 Other Fees _____
Total Fees _____
 Fee Pd Check # _____
 Receipt # _____

CODE ANALYSIS

Type of Construction _____
 Use of Building _____
 Occupancy Group _____
 Occupant Load _____
 Plans & Specs Sets _____
 Survey Copies _____
 Energy Calculations

FIRE SPRINKLER REQUIRED

Yes No

Plumbing Contractor

License Number _____
 Phone Number _____

Mechanical Contractor

License Number _____
 Phone Number _____

NOTES

All inspections shall be called in at least 24 hours in advance by the owner or the owners agent: (320) 532-3629



Inspection Services of Central Minnesota Inc.