



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 _____

Email _____

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

Contractor:
 Company Name _____ License # _____

Address _____ City _____ St _____ Zip _____

Contact Person _____ Email _____

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

Architect:
 Name _____ Address _____

City _____ State _____ Zip _____

E-Mail _____

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

Type of Work:
 New Construction Residential
 New Construction Commercial
 Tenant Finish
 Addition
 Garage/Shed
 Plbg
 Alteration
 Reside/Reroof
 Htg
 Finish Bsmt
 Fireplace
 Deck

Description of Work: _____

Size of Structure: Length _____ Width _____ Height _____
Total Square Footage: First Floor _____ Second Floor _____ 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	_____
Sewer	_____
Water	_____
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	_____	_____
Notify of Assoc & Covenant	_____	_____
Public Works	_____	_____
City Planner	_____	_____