



**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	_____
<b>TOTAL</b>	_____

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	_____	_____

**\*Please submit the completed building application to maeghanb@albertvillemn.gov**