



Adding Quality to Life

Building Permit Application

3400 Plymouth Blvd • Plymouth, MN 55447

763-509-5430 • 763-509-5407 (fax)

www.plymouthmn.gov • inspections@plymouthmn.gov

Appl # _____

\$ _____

REV: 01/29/2020

PROPERTY INFORMATION

SITE ADDRESS <u>OR</u> SUBDIVISION, LOT AND BLOCK	SUITE	DATE
LOT _____ BLOCK _____		

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

APPLICANT INFORMATION

Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> 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
-----------------	------------------------------

<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> New Construction	<input type="checkbox"/> Church <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Public <input type="checkbox"/> Multi-Fam <input type="checkbox"/> Single Fam Det. <input type="checkbox"/> Townhouse <input type="checkbox"/> Two Family
---	--

DESCRIPTION OF WORK

<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Replace/Repair <input type="checkbox"/> Deck <input type="checkbox"/> Other <input type="checkbox"/> Windows <input type="checkbox"/> Demolition <input type="checkbox"/> Reroof <input type="checkbox"/> Fence/Retain Wall <input type="checkbox"/> Reside	<input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Pool <input type="checkbox"/> Moving DETAILED DESCRIPTION OF WORK: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: yellow;">Project Valuation \$</td> </tr> </table>	Project Valuation \$
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: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">CODE EDITION</td> <td><input type="checkbox"/> Footing</td> <td><input type="checkbox"/> Lath</td> <td><input type="checkbox"/> Special Insp. Rep</td> <td rowspan="2">A FILE #</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Foundation</td> <td><input type="checkbox"/> Fire Assembly</td> <td><input type="checkbox"/> Erosion Control</td> </tr> <tr> <td>CONST. TYPE</td> <td><input type="checkbox"/> Pre Backfill</td> <td><input type="checkbox"/> As-Built Survey</td> <td><input type="checkbox"/> Henn. Co Health</td> <td rowspan="2">TREE DEPOSIT ONE _____ TWO _____ TOTAL:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Slab</td> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Tree Pres.</td> </tr> <tr> <td>OCCUPANCY/GROUP</td> <td><input type="checkbox"/> Framing</td> <td><input type="checkbox"/> Other</td> <td>Other Reviews or N/A</td> <td rowspan="2">PLANNING SIGNATURE:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Insulation</td> <td></td> <td>MCES SAC _____ <input type="checkbox"/></td> </tr> <tr> <td>BUILDING SIGNATURE / DATE</td> <td>Fire Division _____ <input type="checkbox"/></td> <td>Planning Division _____ <input type="checkbox"/></td> <td></td> <td>DATE:</td> </tr> </table>	CODE EDITION	<input type="checkbox"/> Footing	<input type="checkbox"/> Lath	<input type="checkbox"/> Special Insp. Rep	A FILE #		<input type="checkbox"/> Foundation	<input type="checkbox"/> Fire Assembly	<input type="checkbox"/> Erosion Control	CONST. TYPE	<input type="checkbox"/> Pre Backfill	<input type="checkbox"/> As-Built Survey	<input type="checkbox"/> Henn. Co Health	TREE DEPOSIT ONE _____ TWO _____ TOTAL:		<input type="checkbox"/> Slab	<input type="checkbox"/> Final	<input type="checkbox"/> Tree Pres.	OCCUPANCY/GROUP	<input type="checkbox"/> Framing	<input type="checkbox"/> Other	Other Reviews or N/A	PLANNING SIGNATURE:		<input type="checkbox"/> Insulation		MCES SAC _____ <input type="checkbox"/>	BUILDING SIGNATURE / DATE	Fire Division _____ <input type="checkbox"/>	Planning Division _____ <input type="checkbox"/>		DATE:	PERMIT FEE: \$ _____ PLAN CHECK FEE: _____ SURCHARGE: _____ MCES SAC: _____ SREC: _____ WREC: _____ _____ OTHER: _____ REDUCED PLAN CHECK: _____ TOTAL FEE: \$ _____
CODE EDITION	<input type="checkbox"/> Footing	<input type="checkbox"/> Lath	<input type="checkbox"/> Special Insp. Rep	A FILE #																													
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Fire Assembly	<input type="checkbox"/> Erosion Control																														
CONST. TYPE	<input type="checkbox"/> Pre Backfill	<input type="checkbox"/> As-Built Survey	<input type="checkbox"/> Henn. Co Health	TREE DEPOSIT ONE _____ TWO _____ TOTAL:																													
	<input type="checkbox"/> Slab	<input type="checkbox"/> Final	<input type="checkbox"/> Tree Pres.																														
OCCUPANCY/GROUP	<input type="checkbox"/> Framing	<input type="checkbox"/> Other	Other Reviews or N/A	PLANNING SIGNATURE:																													
	<input type="checkbox"/> Insulation		MCES SAC _____ <input type="checkbox"/>																														
BUILDING SIGNATURE / DATE	Fire Division _____ <input type="checkbox"/>	Planning Division _____ <input type="checkbox"/>		DATE:																													