Minnesota Department of Labor and Industry Construction Codes and Licensing Division **Building Plan Review** 443 Lafayette Road North St. Paul, MN 55155 Phone: (651) 284-5857 www.dli.mn.gov



(Choose only one)

**Permit Application for:** 

**Building** 

Fire Alarm

Mechanical

Sprinkler

## Building Plan Review #

building Fidil Neview #.								
PROJECT INFORMATION								
PROJECT TITLE			CONSTRUCTION VALUATION					
PROJECT LOCATION (number and street name)			ANTICIPATED START DATE					
PROJECT CITY or TOWNSHIP (Enter only city or township, not	both)		COUNTY					
PROJECT DESCRIPTION								
OWNER (OR STATE AGENCY IF APPLICABLE)			CONTACT PERSON					
ADDRESS			PHONE					
CITY	STATE	ZIP CODE	E-MAIL					
DESIGN FIRM			PROJECT CONTACT					
ADDRESS			PHONE					
CITY	STATE	ZIP CODE	E-MAIL					
PROJECT TYPE  (As defined by MN Statute 326B.103 Subd. 11 and Subd. 13								
<b>Public Buildings</b> - A building and its grounds the cost of w for by the state or state agency regardless of its costs.	lic Accommodation - A facility designed for occupancy ore people in a non-code adopted municipality.							
Public School District - A school district building project of	or charter schoo	l building project, th	ne cost of which is <b>\$100,000</b> or more.					
Including High School K – 8 (Only)								
State Licensed Facility - A building and its grounds that are lice	ensed by the stat	te as a:						
boarding care colleges and universities (M residential hospice free-standing outpatient su	ity hospital nursing home facility assisted living/living w/dementia care							
If your project is not licensed specifically as listed above in this section, the project is not under the jurisdiction of the Building Plan Review Unit.								
TYPE OF WORK								
Class of Work is: New Addition/Alteration	Alterati	ion O	ther (specify)					

APPLICANT INFORMATION									
Permit Applicant is:	Owner	Designer	Contractor Other (s <sub>1</sub>		pecify)				
APPLICANT					PHONE				
ADDRESS									
CITY			STATE	IP CODE E-MAIL					
Applicant: I completed the information on this application and acknowledge that this is not a building permit. Work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code. Work will not begin until the building permit has been issued by this office.									
APPLICANT NAME (PRINT)			APPLICANT SIGNATU	JRE		DATE			
CALCULATED PERMIT FEES (By Applicar			ant)		FOR OFFICE	USE ONLY			
Please see: www.dli.mn.gov for correct calculation of the required surcharge and mechanical permit fee.  Check (enclosed)	Permit Fee	Date		Amount of Check					
	Surcharge Fee	Invoice #		Check #					
Invoice: to State Age  Note: Invoicing is only ava must provide your 10 char Sequence Number below:  Customer Number:  Customer Sequence Numb	ilable to state agen racter Customer Nu	•	Total Fee	Returned chec	ck	Permit #			

This material can be made available in different forms. To request, call 1-800-342-5354 (DIAL-DLI).