

BUILDING PERMIT APPLICATION

City of Red Lake Falls

Jurisdiction of : _____ Date: _____ Permit No. _____

Applicant to complete first section only.

JOB ADDRESS

Legal Description: Lot No. _____ Block _____ Tract _____

Owner: _____ Street Address: _____

Mailing Address: _____ Phone: _____

Contractor: _____ Address: _____ Phone: _____ Lic.# _____

Architect or Designer: _____ Address: _____ Phone: _____ Lic.# _____

Engineer: _____ Address: _____ Phone: _____ Lic. # _____

Use of Building: _____

Class of Work: New Addition Alteration Repair Move Remove

Description of Work: _____

Change of Use From: _____ Change of Use To: _____

Permit Applicant is: Owner Contractor Other

Valuation of Work: \$ _____

Special Conditions:

Application Accepted by: _____

Plans Checked by: _____

Approved for Issuance by: _____

Separate permits are required for electrical, plumbing, heating, ventilating, or air conditioning. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after 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 Contractor or Authorized Agent **Date**

Signature of Owner (If Owner Builder) **Date**

Permit Fee \$ _____ **Plan Review Fee** \$ _____

State Surcharge \$ _____

TOTAL \$ _____

Type of Construction: _____

Occupancy Group: _____

Division: _____

Size of Building (Total Sq. Ft.) _____

No. of Stories: _____ Max Occ. Load: _____

Use Zone: _____

Fire Sprinklers Required: YES NO

Special Approvals	Required	Received	Not Required
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ZONING	_____	_____	_____
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HEALTH DEPT	_____	_____	_____
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FIRE DEPT	_____	_____	_____
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SOIL REPORT	_____	_____	_____
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OTHER (SPECIFY)	_____	_____	_____
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_____	_____	_____	_____
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WHEN PROPERTY VALIDATED (IN THIS SPACE), YOUR PERMIT WILL BE ISSUED.

PLAN CHECK VALIDATION	CK	MO	CASH
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PERMIT VALIDATION	CK	MO	CASH
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INSPECTOR _____

DATE _____