

City of Farmington

430 Third St., Farmington, MN 55024
651-280-6830 Fax 651-280-6839



Application For Building Permit

Date _____

Permit No. _____

Site Address	_____
Legal Description	Lot _____ Block _____ Addition _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
	Email address _____
Contractor	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	Address _____ Phone No: _____
	City _____ State _____ Zip _____
	Email address _____

Description of Project _____ **Est. Value of Project** _____

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Farmington to the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Farmington and the State of Minnesota

Applicants Signature _____ **Date** _____

Bldg Permit Type:	<input type="checkbox"/> - SFD	<input type="checkbox"/> - Public	<input type="checkbox"/> - Porch	<input type="checkbox"/> - Other
	<input type="checkbox"/> - Duplex	<input type="checkbox"/> - Garage	<input type="checkbox"/> - Demo. Res.	
	<input type="checkbox"/> - Res. Multi.	<input type="checkbox"/> - Pool	<input type="checkbox"/> - Demo. Non.Res.	
	<input type="checkbox"/> - Commercial	<input type="checkbox"/> - Move	<input type="checkbox"/> - Interior Finish	
	<input type="checkbox"/> - Industrial	<input type="checkbox"/> - Other Structure	<input type="checkbox"/> - Roof	
	<input type="checkbox"/> - Institutional	<input type="checkbox"/> - Deck	<input type="checkbox"/> - Siding	
Work Type:	<input type="checkbox"/> - New	<input type="checkbox"/> - Addition	<input type="checkbox"/> - Interior. Finish	<input type="checkbox"/> - Reside
	<input type="checkbox"/> - Remodel/Alt.	<input type="checkbox"/> - Repair/Replace	<input type="checkbox"/> - Masonry Veneer	<input type="checkbox"/> - Reroof

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

OFFICE USE ONLY

Office Use Required Inspections	<input type="checkbox"/> - Footing <input type="checkbox"/> - Foundation <input type="checkbox"/> - Framing <input type="checkbox"/> - Insulation	<input type="checkbox"/> - Sheet Rock <input type="checkbox"/> - Final <input type="checkbox"/> - Re-Roof	<input type="checkbox"/> - Other _____
Office Use Census Code:	New <input type="checkbox"/> 101 - 1 Fam. Res. <input type="checkbox"/> 102 - 1 Fam. Attached <input type="checkbox"/> 103 - 2 Fam. (Duplex) <input type="checkbox"/> 104 - 3&4 Family <input type="checkbox"/> 105 - 5 or more Family <input type="checkbox"/> 213 - Hotel/Motel	New <input type="checkbox"/> 214 - Other Shelter <input type="checkbox"/> 318 - Amusement/Rec. <input type="checkbox"/> 319 - Place of Worship <input type="checkbox"/> 320 - Industrial <input type="checkbox"/> 321 - Non Res. Garage <input type="checkbox"/> 322 - Service Station <input type="checkbox"/> 323 - Hosp./Institution	New <input type="checkbox"/> 324 - Office/Bank <input type="checkbox"/> 325 - Utilities <input type="checkbox"/> 326 - Schools/Ed. <input type="checkbox"/> 327 - Retail/Rest. <input type="checkbox"/> 328 - Other Nonres. <input type="checkbox"/> 329 - Nonbldg <input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Nonres. <input type="checkbox"/> 438 - Alt./Add. Res. Gar. <input type="checkbox"/> 645 - Demo 1-Fam. <input type="checkbox"/> 646 - Demo 2-Fam. <input type="checkbox"/> 647 - Demo 3&4 Fam. <input type="checkbox"/> 648 - Demo 5 or more <input type="checkbox"/> 649 - Demo Other

Description	Cost per Square Foot	Square Feet	Valuation
1 st Floor			
2 nd Floor			
Basement – Finished			
Basement - <i>Unfinished</i>			
Garage			
Deck			
Other			
		TOTAL	

Application Approved By:

City Planner/Zoning

Date _____

Permit Approved:

Building Official/Inspector

Date _____

Grading Plan Approved:

Engineering

Date _____

Fire Code Compliance:

Fire Marshal

Date _____