

City of Farmington

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



Application For All Inclusive Building Permit

Date _____

Permit No. _____

Site Address	_____
Legal Description	Lot _____ Block _____ Addition _____

Building Contractor	Name/Company _____ Phone No. _____ Fax No. _____ Contractor License No.: _____ Expiration Date _____ Address _____ City _____ State _____ Zip _____ Email: _____
Sewer and Water Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____
Plumbing Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ <i>Plumbing Systems includes: _____ Number of Baths</i> <input type="checkbox"/> Water Softener <input type="checkbox"/> Water Heater <input type="checkbox"/> Irrigation Vacuum Breaker <input type="checkbox"/> Sump Pump <input type="checkbox"/> Fire Sprinkler (P2904.1.1) Contractor: _____ <input type="checkbox"/> Fire Sprinkler (NFPA13D) Phone No. _____
Mechanical Contractor	Company _____ Phone No. _____ <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heat Recovery System <i>Energy Code Category:</i> <input type="checkbox"/> MN Rules 7670 Category 1 <input type="checkbox"/> MN Rules 7672
Fireplace Contractor <i>(if applicable)</i>	Name: _____ Phone No. _____ <input type="checkbox"/> Gas Log <input type="checkbox"/> Factory Built <input type="checkbox"/> Masonry <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood

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

<p>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. I HEREBY AGREE THAT THE FINAL GRADES RESULTING FROM CONSTRUCTION, ASSOCIATED WITH THIS BUILDING PERMIT, CONFORM WITH THE APPROVED GRADING PLANS FOR THE DEVELOPMENT. BUILDER/CONTRACTOR IS RESPONSIBLE FOR PROPERLY GRADING THE LOT TO AVOID PONDING OR DRAINAGE PROBLEMS OCCURING ON THIS OR ADJACENT LOTS.</p> <p>Applicants Signature : _____ Date: _____</p>
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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

Bldg Permit Type	<input type="checkbox"/> - SFD <input type="checkbox"/> - Duplex <input type="checkbox"/> - Res. Multi.	<input type="checkbox"/> -Commercial <input type="checkbox"/> - Industrial <input type="checkbox"/> - Institutional	<input type="checkbox"/> - Public <input type="checkbox"/> - Other	
Work Type:	<input type="checkbox"/> - New <input type="checkbox"/> - Remodel/Alt.	<input type="checkbox"/> - Addition <input type="checkbox"/> - Repair		
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 Tear Off	<input type="checkbox"/> - Other _____	<input type="checkbox"/> - Other _____

Description	\$ Sq. Ft	Total Sq.Ft.	Value
1st Floor			
1 st Floor Unfinished			
2nd Floor			
Basement (Finished)			
Basement (Unfinished)			
Garage			
Deck			
Porch			
Crawl Space			
Other			
TOTAL			

Application Approved By: _____
 Planning/Zoning

Date: _____

Grading Plan Approved By: _____
 Engineering

Date: _____

Permit Approved By: _____
 Building Inspector

Date: _____