

# City of Farmington

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



## Application For Building Permit

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

<b>Site Address</b>	_____
<b>Legal Description</b>	Lot _____ Block _____ Addition _____

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

**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** \_\_\_\_\_

<b>Bldg Permit Type:</b>	<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	
<b>Work Type:</b>	<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

<b>Office Use Required Inspections</b>	<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 _____
<b>Office Use Census Code:</b>	<b>New</b> <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	<b>New</b> <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	<b>New</b> <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 <sup>st</sup> Floor			
2 <sup>nd</sup> Floor			
Basement – Finished			
Basement - <i>Unfinished</i>			
Garage			
Deck			
Other			
		<b>TOTAL</b>	

**Application Approved By:**

\_\_\_\_\_  
City Planner/Zoning

**Date** \_\_\_\_\_

**Permit Approved:**

\_\_\_\_\_  
Building Official/Inspector

**Date** \_\_\_\_\_

**Grading Plan Approved:**

\_\_\_\_\_  
Engineering

**Date** \_\_\_\_\_

**Fire Code Compliance:**

\_\_\_\_\_  
Fire Marshal

**Date** \_\_\_\_\_