

City of
Farmington

430 Third St., Farmington, MN 55024
651-280-6840 Fax 651-280-6839



Application For
Building Permit
Commercial/Industrial

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: _____

Sewer and Water Contractor	Company _____
	Phone No. _____
	Contractor License No.: _____
	Expiration Date _____

Description of Project _____ **Estimated Value of Project** _____

Current/Proposed Use of Building _____

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 GRADING PLAN OF THE APPROVED PRELIMINARY PLAT. BUILDER/CONTRACTOR IS RESPONSIBLE FOR PROPERLY GRADING THE LOT TO AVOID PONDING OR DRAINAGE PROBLEMS OCCURING ON THIS OR ADJACENT LOTS.**
Applicant Signature _____ *Date* _____

Bldg Permit Type:	<input type="checkbox"/> - SFD	<input type="checkbox"/> - Industrial	<input type="checkbox"/> - Pool	<input type="checkbox"/> - Porch
	<input type="checkbox"/> - Duplex	<input type="checkbox"/> - Institutional	<input type="checkbox"/> - Move	<input type="checkbox"/> - Demo. Residential
	<input type="checkbox"/> - Residential Multi.	<input type="checkbox"/> - Public	<input type="checkbox"/> - Other Structure	<input type="checkbox"/> - Demo. Non-Residential
	<input type="checkbox"/> - Commercial	<input type="checkbox"/> - Garage	<input type="checkbox"/> - Deck	<input type="checkbox"/> - Other
Work Type:	<input type="checkbox"/> - New	<input type="checkbox"/> - Addition	<input type="checkbox"/> - Interior Finish	<input type="checkbox"/> - Reside
	<input type="checkbox"/> - Remodel/Alteration	<input type="checkbox"/> - Repair		<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	<input type="checkbox"/> - Footing	<input type="checkbox"/> - Sheet Rock	<input type="checkbox"/> 98 - Other
Required Inspections	<input type="checkbox"/> - Foundation	<input type="checkbox"/> - Final	_____
	<input type="checkbox"/> - Framing	<input type="checkbox"/> - Re-Roof	
	<input type="checkbox"/> - Insulation		
Office Use	New	New	New
Census Code:	<input type="checkbox"/> 101 - 1 Fam. Res.	<input type="checkbox"/> 214 - Other Shelter	<input type="checkbox"/> 324 - Office/Bank
	<input type="checkbox"/> 102 - 1 Fam. Attached	<input type="checkbox"/> 318 - Amusement/Rec.	<input type="checkbox"/> 325 - Utilities
	<input type="checkbox"/> 103 - 2 Fam. (Duplex)	<input type="checkbox"/> 319 - Place of Worship	<input type="checkbox"/> 326 - Schools/Ed.
	<input type="checkbox"/> 104 - 3&4 Family	<input type="checkbox"/> 320 - Industrial	<input type="checkbox"/> 327 - Retail/Rest.
	<input type="checkbox"/> 105 - 5 or more Family	<input type="checkbox"/> 321 - Non Res. Garage	<input type="checkbox"/> 328 - Other Non-res.
	<input type="checkbox"/> 213 - Hotel/Motel	<input type="checkbox"/> 322 - Service Station	<input type="checkbox"/> 329 - Non-bldg
		<input type="checkbox"/> 323 - Hosp./Institution	<input type="checkbox"/> 434 - Alt./Add/ Res.
			<input type="checkbox"/> 437 - Alt./Add. Non-res.
			<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	Value
1st Floor			
2nd Floor			
Sq. Ft. per Floor Above			
2nd			
Basement			
Garage			
Deck			
Other			
TOTAL			

OFFICE USE ONLY	
Bldg. Permit Fee	\$ _____
Plan/Site Check Fee	\$ _____
State Surcharge Fee	\$ _____
S.A.C. Fee	\$ _____
WAC	\$ _____
Other	\$ _____
Total Fees	\$ _____

Application Approved By:

Planning Manager/Zoning

Date _____

Permit Approved:

Building Official/Inspector

Date _____

Grading Plan Approved:

Engineering

Date _____

Fire Code Compliance:

Fire Marshal

Date _____