

Separate trade permits required for projects involving HVAC, Plumbing, Electrical, Fire and Environmental Health.

RESIDENTIAL WORK ONLY

Application Number PRBD20 _____

Applicant is (choose one) Licensed Contractor Home Owner Architect/Engineer

Property Address _____ Unit/Suite _____

Work Description _____

Applicant Valuation (Project Cost) \$ _____ (includes labor and materials)

Licensed Building Contractor Information

DOLI Building License No. _____ **EPA Lead Certification No.** _____

Business Name _____

Street Address _____

City _____ State _____ Zip _____

Applicant Name (please print) _____

Applicant E-mail _____ Cell Phone (_____) _____ - _____

Homeowner as Applicant

Homesteaded - owner lives in home, is applying as own contractor, and is taking responsibility for the work.

Applicant Name (please print) _____

Applicant E-mail _____ Cell Phone (_____) _____ - _____

Architect/Engineer (if applicable)

Company Name _____ Phone (_____) _____ - _____ Ext _____

Address _____

City _____ State _____ Zip _____

Applicant Name (please print) _____

Applicant E-mail _____ Cell Phone (_____) _____ - _____

Work Items (check all that apply)

Addition Single Family

Addition Multi-Family

Attached Garage

Detached Garage

Detached Accessory Building

Non-heated Porch

Provide SQ FT _____

New Dwelling Single Family

New Dwelling Multi-Family

Basement Finish

Remodel (other)

Provide SQ FT _____

Egress Window

Woodburning Fireplace

SolarPhotovoltaic System

Other

Provide QTY _____

DrainTile

Retaining Wall

Fence (height 7+ FT)

Provide:

Linear FT _____

Height _____

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The undersigned hereby represents and acknowledges, under all penalties of law, that this application is not a permit, and that, for the purpose of allowing the City of Bloomington to take the action herein requested, all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Bloomington, the State of Minnesota, and other applicable regulations.

Applicant Signature _____ Date Signed ____/____/____

Printed Name _____

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT STAFF ONLY

CD Planner Initials _____ Council Conditions? Y / N Case Number _____
Plan Reviewer Initials _____ Break apart plans/route? Y / N
SAC Review Required? Y / N Environmental Health Plan Review Required? Y / N
Additional Permits Required Electrical Mechanical/HVAC Plumbing Fire EH
Construction Type(s) _____ Occupancy Group(s) _____
Number of ... Units _____ Stories _____ Parking Spaces _____ Building Area _____ (SQ FT)
Publicly Owned? Y / N Public Housing? Y / N

Permit Fees, SAC Units, and Conditions

Office Valuation \$ _____

Plan Check Fee Add'l Plan Check Fee \$ _____
 Certificate of Occupancy Other Permit Fee(s) \$ _____
 Double Fee Plan Changes (No. of hours) _____
 City Surcharge No. of Additional Inspections _____

SAC Units Single Family _____ Duplex _____ Condo/Townhome _____

Conditions of Issuance _____

Reviewed Electronically-Office plans are in Cityview

Plan Reviewer Signature _____ Date Approved ____/____/____