

Office use only

Permit no.

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is Architect/engineer Contractor Owner

Condominium no.

Property owner

Name

Phone

Address

City

State

Zip

Contractor

Name

License no.

Address

City

State

Zip

Contact person

Phone

Cell phone

Architect/engineer

Name

Registration no.

Address

City

State

Zip

Contact person

Phone

Cell phone

Class of work

Check only one.

- 1 New 2 Addition
 3 Alteration/remodel 4 Maintenance/repair/replace

Type of structure

Check only one.

- 01 Single-family residential 45 Recreational, amusement
 02 Single-family connected to single family 46 Other non-housekeeping shelter
 03 Residential garage 65 Industrial buildings
 30 Two-family residential 70 Public works and utilities building
 31 Three-four family residential 80 Public schools
 32 Multiple-family residential 81 Private schools
 40 Offices, banks, professional 85 Churches and religious buildings
 41 Stores, restaurants, warehouse 88 Hospitals and institutional buildings
 42 Hotels, motels 93 Other non-residential building
 43 Parking garage 95 Fences, signs, antennas
 44 Service stations and repair garage 96 Other non-building structures

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Project details

Job valuation \$ _____ Estimated completion date _____

Description of work to be done _____

Please read and sign

I hereby apply for a foundation permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant's printed name

Applicant's signature

Date

Do not write below this line

Inspector no. _____

Conditions of issuance _____

Valuation \$ _____

Fee information

Plan check fee? Yes No

City surcharge? Yes No

Other fees? Yes No Describe _____ Amount \$ _____

SAC charge *Specify number of units*

_____ Single family

_____ Duplex

_____ Condominium/townhouse

_____ Apartment with individual laundry

_____ Apartment with central laundry

_____ Commercial

_____ Industrial

Public housing

_____ Single family

_____ Duplex

_____ Condominium/townhouse

_____ Apartment

Permit approved by _____ Date _____

Reference no. _____