

*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

*Continue to page 2*

**Project details**

Job valuation \$ \_\_\_\_\_ Estimated completion date \_\_\_\_\_

Description of work to be done \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read and sign**

I hereby apply for a structural 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. \_\_\_\_\_

Case no. \_\_\_\_\_

Conditions of issuance \_\_\_\_\_

\_\_\_\_\_

Valuation \$ \_\_\_\_\_

Types of construction 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Fee information**

Plan check fee?  Yes  No

City surcharge?  Yes  No

SAC charge?  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 \_\_\_\_\_