



3750 Bridge Street NW  
 St. Francis, MN 55070  
 Phone: 763-753-2630  
 Email: bldginsp@stfrancismn.org

## Permit Application

Building \_\_\_\_\_ HVAC \_\_\_\_\_  
 Plumbing \_\_\_\_\_ Zoning \_\_\_\_\_  
 Permit No.: \_\_\_\_\_

(Minimum of 2 days' notice required for inspections)

Site Address: \_\_\_\_\_

Property Identification Number: \_\_\_\_\_ Year Built: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Owner email: \_\_\_\_\_ State License No.: \_\_\_\_\_

Contractor email: \_\_\_\_\_ Lead Certified Firm No.: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Work:  
 \_\_\_\_\_  
 \_\_\_\_\_

Valuation (labor & materials): \_\_\_\_\_ Repetitive Plan Id No. (SS1300.0160): \_\_\_\_\_

*The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of St. Francis.*

Print Name  
 \_\_\_\_\_  
 \_\_\_\_\_ Owner \_\_\_\_\_ Contractor

Signature of Applicant or Authorized Agent  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date

**Notice:** This is an application only. Permit will be issued after City approval and payment of fees. Work is not authorized to begin prior to issuance.

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Signatures Required:	Signature/Date	Fees:
<input type="checkbox"/> Erosion Control:	_____	Permit: _____
<input type="checkbox"/> Engineering:	_____	Plan Review: _____ Water: _____
<input type="checkbox"/> Planning:	_____	Surcharge: _____ Sewer: _____
<input type="checkbox"/> Building:	_____	Zoning: _____ Meter: _____
Type of Construction:	_____	Plumbing: _____ HVAC: _____
Occupancy Classification:	_____	Misc: _____
Zoning District:	_____	Total Fees: _____