



Minneapolis Development Review
 250 South 4th Street – Room 300
 Minneapolis, MN 55415 – 1316

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 Fax 612-370-1416
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 www.minneapolismn.gov/mdr

<i>Office Use Only</i>	
Routing# _____	T# _____
Amount\$ _____	Permit# _____
Development Coordinator _____	_____
Signature	Date

BUILDING APPLICATION

JOB ADDRESS (PLEASE INCLUDE BLDG.#, STREET NAME & DIRECTION & BLDG NAME IF KNOWN)

OWNER / OCCUPANT NAME:	OWNER / OCCUPANT PHONE:
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Provide a complete description of the work that is being done:

Value of Work: \$ _____

Does the above described activity involve work on?

Foundation Walls
 Above Grade Exterior Walls
 Roof Area

SAC Determination:

Has a SAC determination been completed? Yes No N/A (Residential Only)
 If no, refer to Service Availability Charge handout for more information.

LEED Certification:

Will there be an application for LEED certification on this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, are there green features incorporated in the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

List green feature / Alternate Certification _____

I certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business license or professional license. Homeowners shall not hire unlicensed persons to perform work under any building, electrical, mechanical, or plumbing permit.

SIGNATURE: _____ **DATE:** _____

COMPANY NAME:	CONTRACTOR LICENSE #: (* see note below)
COMPANY ADDRESS:	EPA CERTIFICATE #:
	CONTACT NAME:
CITY: STATE: ZIP CODE:	CONTACT PHONE #:

***** Note: Applicants may be required to present a copy of their contractor's license on residential projects*****

MAKE CHECKS PAYABLE TO: **MINNEAPOLIS FINANCE DEPARTMENT**, OR CHARGE TO

___ MC ___ VISA ___ AMEX ___ DINERS CLUB	ACCOUNT#	EXP DATE: Mo ___ Yr ___
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