

City of
Farmington

430 Third St., Farmington , MN 55024
651-280-6830 651-280-6840



Application For
All Inclusive
Bathroom Finish Permit

Date _____

Permit No. _____

Site Address	_____
Legal Description	Lot _____ Block _____ Addition _____

Property Owner	Name _____ Phone No. _____ Address _____ City _____ State _____ Zip _____ Email Address _____
Building Contractor <input type="checkbox"/> Check if self	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ Address _____ City _____ State _____ Zip _____ Email Address _____
Plumbing Contractor <input type="checkbox"/> Check if self	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____
Mechanical Contractor <input type="checkbox"/> Check if self	Company _____ Phone No. _____ <input type="checkbox"/> Exhaust <input type="checkbox"/> Duct Work <input type="checkbox"/> Other _____

Flat fee of \$106.00 (\$105.00 + 1.00 s/c)

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Farmington to the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Farmington and the State of Minnesota.

Applicants Signature : _____

Date: _____

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

OFFICE USE ONLY

Bldg Permit Type	<input type="checkbox"/> - SFD <input type="checkbox"/> - Duplex <input type="checkbox"/> - Res. Multi.	<input type="checkbox"/> - Commercial <input type="checkbox"/> - Industrial <input type="checkbox"/> - Institutional	<input type="checkbox"/> - Public <input type="checkbox"/> - Other	
Work Type:	<input type="checkbox"/> - New <input type="checkbox"/> - Remodel/Alt.	<input type="checkbox"/> - Addition <input type="checkbox"/> - Repair		
<u>Office Use</u> Required Inspections	<input type="checkbox"/> - Footing <input type="checkbox"/> - Foundation <input type="checkbox"/> - Framing <input type="checkbox"/> - Insulation	<input type="checkbox"/> - Sheet Rock <input type="checkbox"/> - Final <input type="checkbox"/> - Re-Roof Tear Off	<input type="checkbox"/> - Re-Roof Layover	<input type="checkbox"/> - Other _____
<u>Office Use</u> Census Code:	New <input type="checkbox"/> 101 - 1 Fam. Res. <input type="checkbox"/> 102 - 1 Fam. Attached <input type="checkbox"/> 103 - 2 Fam. (Duplex) <input type="checkbox"/> 104 - 3&4 Family <input type="checkbox"/> 105 - 5 or more Family <input type="checkbox"/> 213 - Hotel/Motel	New <input type="checkbox"/> 214 - Other Shelter <input type="checkbox"/> 318 - Amusement/Rec. <input type="checkbox"/> 319 - Place of Worship <input type="checkbox"/> 320 - Industrial <input type="checkbox"/> 321 - Non Res. Garage <input type="checkbox"/> 322 - Service Station <input type="checkbox"/> 323 - Hosp./Institution	New <input type="checkbox"/> 324 - Office/Bank <input type="checkbox"/> 325 - Utilities <input type="checkbox"/> 326 - Schools/Ed. <input type="checkbox"/> 327 - Retail/Rest. <input type="checkbox"/> 328 - Other Nonres. <input type="checkbox"/> 329 - Nonbldg	<input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Nonres. <input type="checkbox"/> 438 - Alt./Add. Res. Gar. <input type="checkbox"/> 645 - Demo 1-Fam. <input type="checkbox"/> 646 - Demo 2-Fam. <input type="checkbox"/> 647 - Demo 3&4 Fam. <input type="checkbox"/> 648 - Demo 5 or more <input type="checkbox"/> 649 - Demo Other

Description	\$ Sq. Ft	Total Sq.Ft.	Value
1st Floor			
1 st Floor Unfinished			
2nd Floor			
Basement (Finished)			
Basement (Unfinished)			
Garage			
Deck			
Porch			
Crawl Space			
Other			
TOTAL			

Application Approved By: _____
City Planner/Zoning

Date: _____

Grading Plan Approved By: _____
Engineering

Date: _____

Permit Approved By: _____
Building Inspector

Date: _____