

City of Farmington
430 Third Street
Farmington, MN 55024
651-280-6830



**Application For
All Inclusive
Building Permit**

Date _____

Permit No. _____

Site Address	_____		
Legal Description	Lot	Block	Addition

Building Contractor	Name/Company _____ Phone No. _____ Fax No. _____
	Contractor License No.: _____ Expiration Date _____
	Address _____
	City _____ State _____ Zip _____
	Email: _____
Sewer and Water Contractor	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
Plumbing Contractor	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	Plumbing Systems includes: Number of Baths _____
	<input type="checkbox"/> Water Softener <input type="checkbox"/> Water Heater <input type="checkbox"/> Irrigation Pressure Vacuum Breaker
	<input type="checkbox"/> Sump Pump
SEPARATE IRRIGATION SYSTEM PERMIT REQUIRED	
Mechanical Contractor	Company _____ Phone No. _____
	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Furnace <input type="checkbox"/> HRV/ERV <input type="checkbox"/> Other _____
Fireplace Contractor (if applicable)	Name: _____ Phone No. _____
	<input type="checkbox"/> Gas Log <input type="checkbox"/> Factory Built <input type="checkbox"/> Masonry
	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood

Description of Project _____ Est. Value of Project _____

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. **I HEREBY AGREE THAT THE FINAL GRADES RESULTING FROM CONSTRUCTION, ASSOCIATED WITH THIS BUILDING PERMIT, CONFORM WITH THE APPROVED GRADING PLANS FOR THE DEVELOPMENT. BUILDER/CONTRACTOR IS RESPONSIBLE FOR PROPERLY GRADING THE LOT TO AVOID PONDING OR DRAINAGE PROBLEMS OCCURING ON THIS OR ADJACENT LOTS.**

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"/> - Plumbing <input type="checkbox"/> - Mechanical	<input type="checkbox"/> - Fire Place <input type="checkbox"/> - Sheathing <input type="checkbox"/> - Shower Pan <input type="checkbox"/> - Poured Wall	<input type="checkbox"/> - Other <input type="checkbox"/> - _____ <input type="checkbox"/> - _____

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

Application Approved By: _____
Planning/Zoning

Date: _____

Grading Plan Approved By: _____
Engineering

Date: _____

Permit Approved By: _____
Building Inspector

Date: _____