

**City of
Farmington**

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



**Application For
All Inclusive
Interior Finish Permit/Addition**

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 _____ |
| Fireplace Contractor <input type="checkbox"/> Check if self | Company _____ Phone No. _____ <input type="checkbox"/> Exhaust <input type="checkbox"/> Duct Work <input type="checkbox"/> Other _____ |

Valuation 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.

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: _____
 (If applicable) City Planner/Zoning

Date: _____

Permit Approved By: _____
 Building Inspector

Date: _____

Grading Approved by
(Additions Only): _____
 Engineering

Date: _____