

City of Farmington

430 Third St., Farmington, MN 55024
651-280-6840
www.FarmingtonMN.gov



Application For Building Permit Commercial/Industrial

Date _____

Permit No. _____

Site Address	_____
Legal Description	Lot _____ Block _____ Addition _____

Property Owner	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____ Email Address: _____
Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ Address _____ Phone No: _____ City _____ State _____ Zip _____ Email Address: _____
Sewer and Water Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____

Description of Project _____ Estimated Value of Project _____

Current/Proposed Use of Building _____

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 GRADING PLAN OF THE APPROVED PRELIMINARY PLAT. BUILDER/CONTRACTOR IS RESPONSIBLE FOR PROPERLY GRADING THE LOT TO AVOID PONDING OR DRAINAGE PROBLEMS OCCURING ON THIS OR ADJACENT LOTS.**
Applicant Signature _____ *Date* _____

Bldg Permit Type:	<input type="checkbox"/> - SFD <input type="checkbox"/> - Duplex <input type="checkbox"/> - Residential Multi. <input type="checkbox"/> - Commercial	<input type="checkbox"/> - Industrial <input type="checkbox"/> - Institutional <input type="checkbox"/> - Public <input type="checkbox"/> - Garage	<input type="checkbox"/> - Pool <input type="checkbox"/> - Move <input type="checkbox"/> - Other Structure <input type="checkbox"/> - Deck	<input type="checkbox"/> - Porch <input type="checkbox"/> - Demo. Residential <input type="checkbox"/> - Demo. Non-Residential <input type="checkbox"/> - Other
Work Type:	<input type="checkbox"/> - New <input type="checkbox"/> - Remodel/Alteration	<input type="checkbox"/> - Addition <input type="checkbox"/> - Repair	<input type="checkbox"/> - Interior Finish	<input type="checkbox"/> - Reside <input type="checkbox"/> - Reroof

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

Office Use 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	<input type="checkbox"/> 98 – Other _____
Office Use 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 Non-res. <input type="checkbox"/> 329 – Non-bldg <input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Non-res. <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	Cost per Square Foot	Square Feet	Value
1st Floor			
2nd Floor			
Sq. Ft. per Floor Above 2nd			
Basement			
Garage			
Deck			
Other			
	TOTAL		

Application Approved By:

Planning Manager/Zoning

Date _____

Permit Approved:

Building Official/Inspector

Date _____

Grading Plan Approved:

Engineering

Date _____

Fire Code Compliance:

Deputy Fire Chief

Date _____