



23340 Cree Street NW
 St. Francis, MN 55070
 Phone: 763-753-2630
 Email: bldginsp@stfrancismn.org

Permit Application

Building _____ HVAC _____
 Plumbing _____ Zoning _____
 Permit No.: _____

(Minimum of 2 days' notice required for inspections)

Site Address: _____

Property Identification Number: _____ Year Built: _____

Owner Name: _____ Contractor: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Owner email: _____ State License No.: _____

Contractor email: _____ Lead Certified Firm No.: _____

Contact: _____ Phone: _____ Fax: _____

Description of Work:

Valuation (labor & materials): _____ Repetitive Plan Id No. (SS1300.0160): _____

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of St. Francis.

Print Name

 _____ Owner _____ Contractor

Signature of Applicant or Authorized Agent

 Date

Notice: This is an application only. Permit will be issued after City approval and payment of fees. Work is not authorized to begin prior to issuance.

***** FOR OFFICE USE ONLY *****

Signatures Required:	Signature/Date	Fees:
<input type="checkbox"/> Erosion Control:	_____	Permit: _____
<input type="checkbox"/> Engineering:	_____	Plan Review: _____ Water: _____
<input type="checkbox"/> Planning:	_____	Surcharge: _____ Sewer: _____
<input type="checkbox"/> Building:	_____	Zoning: _____ Meter: _____
Type of Construction:	_____	Plumbing: _____ HVAC: _____
Occupancy Classification:	_____	Misc: _____
Zoning District:	_____	Total Fees: _____