

2017 Application for Building Permit

7800 Golden Valley Road Golden Valley MN 55427-4588
 Phone: 763-593-8090 Fax: 763-593-3997 TTY: 763-593-3968

Date _____ Permit No. _____

Site Address	
	Suite #
Tenant (Co.)	

Applicant: Owner _____ Contractor _____ Lot _____ Block _____ Addition _____

Property Owner	Name _____ Address _____ City _____ State _____ Zip _____ Phone: _____ Cell: _____ E-Mail _____
Contractor	Company _____ Address _____ City _____ State _____ Zip _____ Phone: _____ Fax: _____ E-mail _____ Contact Person _____ Cell: _____ Contractor License # _____ Expiration Date _____ EPA Lead Certification # _____ Expiration Date _____
Designer/Architect	Company _____ Phone: _____ Address _____ City _____ State _____ Zip _____ Contact _____ Cell: _____ Fax: _____ E-mail _____

Zoning:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional																																								
Bldg Permit Type:	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Accessible Ramp</td> <td><input type="checkbox"/> Front Porch</td> <td><input type="checkbox"/> Porch/3 Season</td> <td><input type="checkbox"/> Stucco Redash</td> </tr> <tr> <td><input type="checkbox"/> Bridge</td> <td><input type="checkbox"/> Front/Side/Rear Steps</td> <td><input type="checkbox"/> Reroof/Tear-Off</td> <td><input type="checkbox"/> Tenant Space</td> </tr> <tr> <td><input type="checkbox"/> Bsmt. Finish</td> <td><input type="checkbox"/> Garage</td> <td>House _____ Garage _____</td> <td><input type="checkbox"/> Tower</td> </tr> <tr> <td><input type="checkbox"/> Chimney/Fireplace</td> <td><input type="checkbox"/> Gazebo</td> <td><input type="checkbox"/> Reroof/Flat Roof</td> <td><input type="checkbox"/> Water Damage</td> </tr> <tr> <td><input type="checkbox"/> Deck</td> <td><input type="checkbox"/> Insulation</td> <td><input type="checkbox"/> Reside</td> <td><input type="checkbox"/> Window/Door</td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Interior Demo</td> <td>Soffit _____ Fascia _____ Tr _____</td> <td># Windows _____</td> </tr> <tr> <td><input type="checkbox"/> Drain Tile</td> <td><input type="checkbox"/> Main Structure</td> <td><input type="checkbox"/> Retaining Wall</td> <td>b. Pocket unit/sashes _____</td> </tr> <tr> <td><input type="checkbox"/> Elevator</td> <td><input type="checkbox"/> Moving</td> <td><input type="checkbox"/> Shed</td> <td># Doors _____</td> </tr> <tr> <td><input type="checkbox"/> Fire Damage</td> <td><input type="checkbox"/> Other Structure</td> <td><input type="checkbox"/> Solar Panels</td> <td><input type="checkbox"/> Wireless Antenna</td> </tr> <tr> <td><input type="checkbox"/> Foundation</td> <td><input type="checkbox"/> Pool</td> <td><input type="checkbox"/> Stucco Finish</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Accessible Ramp	<input type="checkbox"/> Front Porch	<input type="checkbox"/> Porch/3 Season	<input type="checkbox"/> Stucco Redash	<input type="checkbox"/> Bridge	<input type="checkbox"/> Front/Side/Rear Steps	<input type="checkbox"/> Reroof/Tear-Off	<input type="checkbox"/> Tenant Space	<input type="checkbox"/> Bsmt. Finish	<input type="checkbox"/> Garage	House _____ Garage _____	<input type="checkbox"/> Tower	<input type="checkbox"/> Chimney/Fireplace	<input type="checkbox"/> Gazebo	<input type="checkbox"/> Reroof/Flat Roof	<input type="checkbox"/> Water Damage	<input type="checkbox"/> Deck	<input type="checkbox"/> Insulation	<input type="checkbox"/> Reside	<input type="checkbox"/> Window/Door	<input type="checkbox"/> Demolition	<input type="checkbox"/> Interior Demo	Soffit _____ Fascia _____ Tr _____	# Windows _____	<input type="checkbox"/> Drain Tile	<input type="checkbox"/> Main Structure	<input type="checkbox"/> Retaining Wall	b. Pocket unit/sashes _____	<input type="checkbox"/> Elevator	<input type="checkbox"/> Moving	<input type="checkbox"/> Shed	# Doors _____	<input type="checkbox"/> Fire Damage	<input type="checkbox"/> Other Structure	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Wireless Antenna	<input type="checkbox"/> Foundation	<input type="checkbox"/> Pool	<input type="checkbox"/> Stucco Finish	<input type="checkbox"/> Other _____
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Work Type:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Replace <input type="checkbox"/> Undefined <input type="checkbox"/> Remodel/Alt <input type="checkbox"/> Repair <input type="checkbox"/> Demolition																																								

(Turn page over to complete application)

Description of Work _____

Office Use Required Inspections	<input type="checkbox"/> Final	<input type="checkbox"/> FlatRoof/Tearoff	<input type="checkbox"/> Drain Tile	<input type="checkbox"/> Foundation Insulation
	<input type="checkbox"/> Soil Test <i>(Req'd Before Footing)</i>	<input type="checkbox"/> Ice & Water Shield <i>(Pictures)</i>	<input type="checkbox"/> Poured Wall	<input type="checkbox"/> I & I
<input type="checkbox"/> Footing	<input type="checkbox"/> House Wrap <i>(Pictures)</i>	<input type="checkbox"/> Fire Stopping	<input type="checkbox"/> Sanitarian Final	<input type="checkbox"/> Special Inspections
<input type="checkbox"/> Framing	<input type="checkbox"/> Energy Code Lighting Form	<input type="checkbox"/> Floor Slab	<input type="checkbox"/> As-Built Survey	<input type="checkbox"/> Verify Electrical Final
<input type="checkbox"/> Radon	<input type="checkbox"/> Blower Door Test	<input type="checkbox"/> Lath	<input type="checkbox"/> Verify Fire Final	<input type="checkbox"/> No Inspection Req'd
<input type="checkbox"/> Other-After Bldg/Debris Removed		<input type="checkbox"/> Wall Reinforcing <i>(C.M.U. Inspect at 4' lifts)</i>	<input type="checkbox"/> Foundation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Insulation		<input type="checkbox"/> Foundation Waterproofing		

Permit and Plan Review Fee are based on 2004 LMC/AMM Recommendation.

Estimated Value of Work \$ _____

Description	Square Footage
Basement	
1 st Floor	
2 nd Floor	
Sq.Ft. per Fl Above 2 nd	
Total Square Feet	
Garage-Attached	
Garage-Detached	

Office Use Only	
Bldg Permit Fee	\$ _____
Plan/Site Check Fee	\$ _____
State Surcharge Fee (Value X .0005)	\$ _____
SAC Fee	\$ _____
City SAC Fee	\$ _____
City WAC Fee	\$ _____
Total Fees	\$ _____

Length _____ Width _____ Stories _____ Occupancy Type _____ Construction Type _____

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Golden Valley to take 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 Golden Valley and the State of Minnesota.

Applicant's Signature

Date

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

Permit Approved By:	
<input type="checkbox"/> Stormwater Mgmt. Permit # _____ Date Issued _____ Date Inspected _____	<input type="checkbox"/> I/I Permit # _____ <input type="checkbox"/> Demo (<i>Fire Chief's Signature required</i>) Signature _____ Date _____ <input type="checkbox"/> Planning Department Approval Signature _____ Date _____
<input type="checkbox"/> Stormwater Mgmt. Permit Not Required Signature _____ Date _____	
Plan Reviewer Signature _____	Date _____