



# 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. \_\_\_\_\_

<b>Site Address</b>		<b>Suite #</b>
<b>Tenant (Co.)</b>		

**Applicant:** Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

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

<b>Zoning:</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional				
<b>Bldg Permit Type:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Accessible Ramp  <input type="checkbox"/> Bridge  <input type="checkbox"/> Bsmt. Finish  <input type="checkbox"/> Chimney/Fireplace  <input type="checkbox"/> Deck  <input type="checkbox"/> Demolition  <input type="checkbox"/> Drain Tile  <input type="checkbox"/> Elevator  <input type="checkbox"/> Fire Damage  <input type="checkbox"/> Foundation         </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Front Porch  <input type="checkbox"/> Front/Side/Rear Steps  <input type="checkbox"/> Garage  <input type="checkbox"/> Gazebo  <input type="checkbox"/> Insulation  <input type="checkbox"/> Interior Demo  <input type="checkbox"/> Main Structure  <input type="checkbox"/> Moving  <input type="checkbox"/> Other Structure  <input type="checkbox"/> Pool         </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Porch/3 Season  <input type="checkbox"/> Reroof/Tear-Off  <input type="checkbox"/> Reroof/Flat Roof  <input type="checkbox"/> Reside  <input type="checkbox"/> Soffit _____ Fascia _____ Tr _____  <input type="checkbox"/> Retaining Wall  <input type="checkbox"/> Shed  <input type="checkbox"/> Solar Panels  <input type="checkbox"/> Stucco Finish         </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Stucco Redash  <input type="checkbox"/> Tenant Space  <input type="checkbox"/> Tower  <input type="checkbox"/> Water Damage  <input type="checkbox"/> Window/Door  <input type="checkbox"/> # Windows _____  <input type="checkbox"/> b. Pocket unit/sashes _____  <input type="checkbox"/> # Doors _____  <input type="checkbox"/> Wireless Antenna  <input type="checkbox"/> Other _____         </td> </tr> </table>	<input type="checkbox"/> Accessible Ramp <input type="checkbox"/> Bridge <input type="checkbox"/> Bsmt. Finish <input type="checkbox"/> Chimney/Fireplace <input type="checkbox"/> Deck <input type="checkbox"/> Demolition <input type="checkbox"/> Drain Tile <input type="checkbox"/> Elevator <input type="checkbox"/> Fire Damage <input type="checkbox"/> Foundation	<input type="checkbox"/> Front Porch <input type="checkbox"/> Front/Side/Rear Steps <input type="checkbox"/> Garage <input type="checkbox"/> Gazebo <input type="checkbox"/> Insulation <input type="checkbox"/> Interior Demo <input type="checkbox"/> Main Structure <input type="checkbox"/> Moving <input type="checkbox"/> Other Structure <input type="checkbox"/> Pool	<input type="checkbox"/> Porch/3 Season <input type="checkbox"/> Reroof/Tear-Off <input type="checkbox"/> Reroof/Flat Roof <input type="checkbox"/> Reside <input type="checkbox"/> Soffit _____ Fascia _____ Tr _____ <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Shed <input type="checkbox"/> Solar Panels <input type="checkbox"/> Stucco Finish	<input type="checkbox"/> Stucco Redash <input type="checkbox"/> Tenant Space <input type="checkbox"/> Tower <input type="checkbox"/> Water Damage <input type="checkbox"/> Window/Door <input type="checkbox"/> # Windows _____ <input type="checkbox"/> b. Pocket unit/sashes _____ <input type="checkbox"/> # Doors _____ <input type="checkbox"/> Wireless Antenna <input type="checkbox"/> Other _____
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<b>Work Type:</b>	<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** \_\_\_\_\_

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

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

**Estimated Value of Work \$** \_\_\_\_\_

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

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

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.

<b>Permit Approved By:</b>	
<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 _____	<input type="checkbox"/> Tree Preservation Permit # _____ Date _____
<b>Plan Reviewer Signature</b> _____ <b>Date</b> _____	

I:\Build\PermitApplication (09/05/17)



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

