

Building Permit Application

Project Address/ Description or Property PIN					
Building Square Footage		Type/Use of Building		Valuation (labor and materials)	
Owner Information			General Contractor Information		
			<input type="checkbox"/> Homeowner – Requires Homeowner Statement		
Name		Company Name			
If business, Contact Name		Contact Name			
Address		Address			
City, State, Zip		City, State, Zip			
Phone		Phone			
Email		Email			
Other Information		License Number		Expiration	
Preferred Contact Method: (check one)		<input type="checkbox"/> Phone	<input type="checkbox"/> Email	Preferred Contact Method: (check one)	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Phone	<input type="checkbox"/> Email
Class of Work (check one)					
<input type="checkbox"/> New (New building)		<input type="checkbox"/> Add (Addition to existing building)			
<input type="checkbox"/> Alter (Modify existing building)		<input type="checkbox"/> Repair/Replace (Modify existing materials)			
<input type="checkbox"/> Move (Move existing building)		<input type="checkbox"/> Demo (Demolish existing building)			
<input type="checkbox"/> Renew (Application/Permit)		<input type="checkbox"/> Change (Change of occupancy)			
Describe Work Being Done:					
<p>Notice: Separate permits are required for plumbing, HVAC, utility connections and electrical.</p> <p>This application shall be considered abandoned after 180 days unless permit is issued; Minnesota Rules 1300.0120, Subp 9.</p> <p>All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state law or local law regulating construction or the performance of construction. Minnesota Rules 1300.0120, Subp 14</p> <p>Submission of this application hereby gives permission for any city official who had the responsibility to perform a duty related to this application to enter this property during a reasonable time for the purpose of determining the merits of your request; § 10.20 ENFORCEMENT, C.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct.</p>					
Signature of Applicant				Date	
				Applicant (check one)	
				<input type="checkbox"/> Owner <input type="checkbox"/> Contractor	
Permit Number (office use)		Email: flinspections@ci.forest-lake.mn.us		Application Number (office use)	

Designer List

Please identify all designers involved in this project.

Discipline	Name	Phone	Email	Preferred Contact	
				<input type="checkbox"/> Phone	Email <input type="checkbox"/>
Building				<input type="checkbox"/> Phone	Email <input type="checkbox"/>
Plumbing				<input type="checkbox"/> Phone	Email <input type="checkbox"/>
HVAC				<input type="checkbox"/> Phone	Email <input type="checkbox"/>
Electrical				<input type="checkbox"/> Phone	Email <input type="checkbox"/>
Fire Suppression				<input type="checkbox"/> Phone	Email <input type="checkbox"/>

Subcontractor List

Please identify all subcontractors involved in this project.

All residential contractors must be licensed by the Minnesota Department of Labor and Industry

Trade	Name	Phone	License Number
Excavation ¹			
Masonry			
Carpentry			
Roofing			
Insulation			
Siding			
Gypsum Board			
Plumbing ²			
HVAC			
Gas Piping ³			
Electrical ⁴			
Fire Suppression			
Sewer			
Water			
Other			

Notes:

1. Excavators must be licensed by the City of Forest Lake.
2. Plumbers must be licensed by the Minnesota Department of Health.
3. Gas must be licensed by the City of Forest Lake.
4. Electricians must be licensed by the Minnesota Board of Electricity.