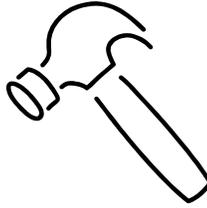




4141 Douglas Drive North
 Crystal, MN 55422
 Phone: (763) 531-1000
 Fax: (763) 531-1188
 Website: www.crystalmn.gov



Application for Building Permit

Date _____ Permit No. _____ Rec'd By/Date _____

Site Address	
Tenant/Bldg Name	

Applicant: (check one) Owner Contractor Tenant

Property Owner (provide complete information, including phone #)	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ EPA Certificate No.: _____ Expiration Date _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____ E-mail Address _____
Designer / Architect / Agent (if applicable)	Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

Permit Sub-Type:	<input type="checkbox"/> - Add/Alt Residential <input type="checkbox"/> - Garage <input type="checkbox"/> - Reroof <input type="checkbox"/> - Egress (1) <input type="checkbox"/> - Add/Alt Commercial <input type="checkbox"/> - New Res. <input type="checkbox"/> - Siding <input type="checkbox"/> - Egress (2+) <input type="checkbox"/> - Add/Alt Industrial <input type="checkbox"/> - Demolition <input type="checkbox"/> - Windows (1-3) <input type="checkbox"/> - Patio Door <input type="checkbox"/> - New Commercial <input type="checkbox"/> - Pool <input type="checkbox"/> - Windows (4+) <input type="checkbox"/> - Drantile				
Work Type:	<input type="checkbox"/> - New <input type="checkbox"/> - Repair <input type="checkbox"/> - Demolition <input type="checkbox"/> - Alteration <input type="checkbox"/> - Move House <input type="checkbox"/> - Remove/Install				
Office Use Required Inspections	<input type="checkbox"/> - Lathe <input type="checkbox"/> - Insulation <input type="checkbox"/> - Sub-Slab Prep <input type="checkbox"/> - Water Barrier-siding <input type="checkbox"/> - Footing <input type="checkbox"/> - Wallboard <input type="checkbox"/> - Fdn Waterproof <input type="checkbox"/> - Ice Barrier-roof <input type="checkbox"/> - Framing <input type="checkbox"/> - Final <input type="checkbox"/> - Fdn Reinforcement <input type="checkbox"/> - Excavat/Grading <input type="checkbox"/> - Forms <input type="checkbox"/> - Special <input type="checkbox"/> - Erosion Control <input type="checkbox"/> - Site Inspection <input type="checkbox"/> - Energy Efficiency <input type="checkbox"/> - C.O. Required				
Office Use Census Code:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> New <input type="checkbox"/> 101 - 1 Fam. Res. Detach <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 - Multi Units 5 or more <input type="checkbox"/> 213 - Hotel/Motel <input type="checkbox"/> 214 - Other Shelter </td> <td style="width: 25%; vertical-align: top;"> New <input type="checkbox"/> 318 - Amusement/Rec. <input type="checkbox"/> 319 - Place of Worship <input type="checkbox"/> 320 - Industrial <input type="checkbox"/> 321 - Parking Garage <input type="checkbox"/> 322 - Service Station <input type="checkbox"/> 323 - Hosp./Institution <input type="checkbox"/> 324 - Office/Bank </td> <td style="width: 25%; vertical-align: top;"> New <input type="checkbox"/> 325 - Utilities <input type="checkbox"/> 326 - Schools/Ed. <input type="checkbox"/> 327 - Retail/Rest. <input type="checkbox"/> 328 - Sheds/Barns <input type="checkbox"/> 329 - Pools </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Comm. <input type="checkbox"/> 438 - Garage/Gar. Add. <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 </td> </tr> </table>	New <input type="checkbox"/> 101 - 1 Fam. Res. Detach <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 - Multi Units 5 or more <input type="checkbox"/> 213 - Hotel/Motel <input type="checkbox"/> 214 - Other Shelter	New <input type="checkbox"/> 318 - Amusement/Rec. <input type="checkbox"/> 319 - Place of Worship <input type="checkbox"/> 320 - Industrial <input type="checkbox"/> 321 - Parking Garage <input type="checkbox"/> 322 - Service Station <input type="checkbox"/> 323 - Hosp./Institution <input type="checkbox"/> 324 - Office/Bank	New <input type="checkbox"/> 325 - Utilities <input type="checkbox"/> 326 - Schools/Ed. <input type="checkbox"/> 327 - Retail/Rest. <input type="checkbox"/> 328 - Sheds/Barns <input type="checkbox"/> 329 - Pools	<input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Comm. <input type="checkbox"/> 438 - Garage/Gar. Add. <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
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Permit and Plan Review Fee are based on Chapter 1300.0160 of the 2007 Minnesota State Building Code.
Flat fees may apply to permits that do not require plan review.

Description	Square Footage
1 st floor	
2 nd floor	
square footage per floor above 2 nd	
basement	
total square feet	
garage – attached	
garage – detached	

OFFICE USE ONLY	
Building Permit Fee	\$ _____
Plan Review/Site Check Fee	\$ _____
State Surcharge Fee	\$ _____
S.A.C. Fee	\$ _____
Contractor License Fee	\$ _____
EPA Certificate Fee	\$ _____
Other	\$ _____
Total	\$ _____

Estimated Value of Work \$ _____

Description of Work _____

Length _____ Width _____ Stories _____

Occupancy Type _____ Construction Type _____ Zoning _____

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.

The undersigned hereby certifies upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements on this application have been read and examined and are true and correct, and that all work whether specified herein or not will be done in accordance with the ordinances of the City of Crystal and the laws of the State of Minnesota

Applicant (Print Name) _____ Applicant's Signature _____/_____ Date

FOR HOMEOWNERS DOING THEIR OWN WORK: I certify that I am the owner of this subject property and I or a member of my immediate family will perform the herein-described work and I will take full responsibility for the work being done.

Section 400.13

Signature of Homeowner

Required Plan Review Submittal:

- _____ Complete Permit Application (owner's name, address, email address, phone number; signature; intake date/initials)
- _____ One Energy Calculation (for new residential construction)
- _____ Two Legal Surveys or Site Plans Drawn To Scale
- _____ Residential: Two Complete Sets of Plans
- _____ Commercial: Three Complete Sets of Plans (health/food submit a forth set directly to county or MN Dept of Ag.)
- _____ Commercial: Plan Review Fee (65% of permit fee) **MUST BE PRE-PAID**
- _____ Commercial: MCES (Met Council) SAC Determination Transmittal Letter (permit will not be issued until determination is received) Visit www.metrocouncil.org for determination forms.

Permit Approved By:

Date Approved:

Zoning Review: _____ N/A _____ Approved _____ Initials/Date _____ Year Built _____