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:	☐ 20 - Add/Alt Residential ☐ 21 - Add/Alt Commercial ☐ 27 - Add/Alt Industrial ☐ 25 - New Commercial	☐ 22 - Garage ☐ 23 - New Res. ☐ 24 - Demolition ☐ 36 - Pool	☐ 28 - Reroof ☐ 29 - Siding ☐ 30 - Windows (1-3) ☐ 31 - Windows (4+)	☐ 32 - Egress (1) ☐ 33 - Egress (2+) ☐ 34 - Patio Door ☐ 35 - Draintile
Work Type:	☐ 01 - New ☐ 03 - Alteration	☐ 04 - Repair ☐ 05 - Move House	☐ 06 - Demolition ☐ 08 - Remove/Install	
Office Use **Required Inspections**	☐ 24 - Lathe ☐ 11 - Footing ☐ 12 - Framing ☐ 18 – Forms	☐ 13 - Insulation ☐ 14 - Wallboard ☐ 15 – Final ☐ 16- Special	☐ 21 – Sub-Slab Prep. ☐ 17 - Fdn Damp/Water Proofing ☐ 19 - Fdn Reinforcmnt	☐ 20-Water Barrier-siding ☐ 23 - Ice Barrier-roof ☐ 29 - Excavat/Grading ☐ 10 - Site Inspection ☐ C.O. Required
Office Use **Census Code:**	**New** ☐ 101 - 1 Fam. Res. Detach ☐ 102 - 1 Fam. Attached ☐ 103 - 2 Fam. (Duplex) ☐ 104 - 3 & 4 Family ☐ 105 - Multi Units 5 or more ☐ 213 - Hotel/Motel ☐ 214 - Other Shelter	**New** ☐ 318 - Amusement/Rec. ☐ 319 - Place of Worship ☐ 320 - Industrial ☐ 321 - Parking Garage ☐ 322 - Service Station ☐ 323 - Hosp./Institution ☐ 324 - Office/Bank	**New** ☐ 325 - Utilities ☐ 326 - Schools/Ed. ☐ 327 - Retail/Rest. ☐ 328 - Sheds/Barns ☐ 329 - Pools	☐ 434 - Alt./Add/ Res. ☐ 437 - Alt./Add. Comm. ☐ 438 - Garage/Gar. Add. ☐ 645 - Demo 1-Fam. ☐ 646 - Demo 2-Fam. ☐ 647 - Demo 3 & 4 Fam. ☐ 648 - Demo 5 or more ☐ 649 - Demo Other
Office Use **SAC Code**	☐ 01 - Single Family ☐ 02 - Duplex ☐ 03 - Townhouses/Condo's	☐ 10 - Apartments **Public Housing (20 - 23)** ☐ 20 - Single Family	☐ 21 - Duplexes ☐ 22 - Townhouses ☐ 23 - Apartments	☐ 30 - Commercial/Institution ☐ 40 - Industrial ☐ 50 - Demolition

* * * **(Over)** * * *

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
1st floor	
2nd floor	
square footage per floor above 2nd	
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 estimated value of work) 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_____