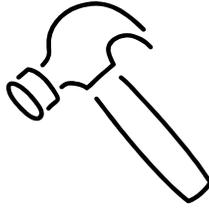




4141 Douglas Drive North  
 Crystal, MN 55422  
 Phone: (763) 531-1000  
 Fax: (763) 531-1188  
 Website: www.crystalmn.gov



# Application for Building Permit

Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Rec'd By/Date \_\_\_\_\_

<b>Site Address</b>	
<b>Tenant/Bldg Name</b>	

**Applicant:** (check one)     **Owner**     **Contractor**     **Tenant**

<b>Property Owner</b> (provide complete information, including phone #)	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
<b>Contractor</b>	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 _____
<b>Designer / Architect / Agent (if applicable)</b>	Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

<b>Permit Sub-Type:</b>	<input type="checkbox"/> 20 - Add/Alt Residential <input type="checkbox"/> 22 - Garage <input type="checkbox"/> 28 - Reroof <input type="checkbox"/> 32 - Egress (1) <input type="checkbox"/> 21 - Add/Alt Commercial <input type="checkbox"/> 23 - New Res. <input type="checkbox"/> 29 - Siding <input type="checkbox"/> 33 - Egress (2+) <input type="checkbox"/> 27 - Add/Alt Industrial <input type="checkbox"/> 24 - Demolition <input type="checkbox"/> 30 - Windows (1-3) <input type="checkbox"/> 34 - Patio Door <input type="checkbox"/> 25 - New Commercial <input type="checkbox"/> 36 - Pool <input type="checkbox"/> 31 - Windows (4+) <input type="checkbox"/> 35 - Drantile				
<b>Work Type:</b>	<input type="checkbox"/> 01 - New <input type="checkbox"/> 04 - Repair <input type="checkbox"/> 06 - Demolition <input type="checkbox"/> 03 - Alteration <input type="checkbox"/> 05 - Move House <input type="checkbox"/> 08 - Remove/Install				
<b>Office Use Required Inspections</b>	<input type="checkbox"/> 24 - Lathe <input type="checkbox"/> 13 - Insulation <input type="checkbox"/> 21 - Sub-Slab Prep. <input type="checkbox"/> 20-Water Barrier-siding <input type="checkbox"/> 11 - Footing <input type="checkbox"/> 14 - Wallboard <input type="checkbox"/> 17 - Fdn Damp/Water <input type="checkbox"/> 23 - Ice Barrier-roof <input type="checkbox"/> 12 - Framing <input type="checkbox"/> 15 - Final    Proofing <input type="checkbox"/> 29 - Excavat/Grading <input type="checkbox"/> 18 - Forms <input type="checkbox"/> 16- Special <input type="checkbox"/> 19 - Fdn Reinforcmnt <input type="checkbox"/> 10 - Site Inspection <input type="checkbox"/> 30 - Erosion Control <input type="checkbox"/> C.O. Required				
<b>Office Use Census Code:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <b>New</b>  <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 &amp; 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;"> <b>New</b>  <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;"> <b>New</b>  <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 &amp; 4 Fam.  <input type="checkbox"/> 648 - Demo 5 or more  <input type="checkbox"/> 649 - Demo Other           </td> </tr> </table>	<b>New</b> <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	<b>New</b> <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	<b>New</b> <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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<b>Office Use SAC Code</b>	<input type="checkbox"/> 01 - Single Family <input type="checkbox"/> 10 - Apartments <input type="checkbox"/> 21 - Duplexes <input type="checkbox"/> 30 - Commercial/Institution <input type="checkbox"/> 02 - Duplex <b>Public Housing (20 - 23)</b> <input type="checkbox"/> 22 - Townhouses <input type="checkbox"/> 40 - Industrial <input type="checkbox"/> 03 - Townhouses/Condo's <input type="checkbox"/> 20 - Single Family <input type="checkbox"/> 23 - Apartments <input type="checkbox"/> 50 - Demolition				

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 <sup>st</sup> floor	
2 <sup>nd</sup> floor	
square footage per floor above 2 <sup>nd</sup>	
basement	
<b>total square feet</b>	
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	\$ _____
<b>Total</b>	<b>\$ _____</b>

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](http://www.metrocouncil.org) for determination forms.

**Permit Approved By:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**Zoning Review:** \_\_\_\_\_ N/A \_\_\_\_\_ Approved \_\_\_\_\_ **Initials/Date** \_\_\_\_\_ **Year Built** \_\_\_\_\_