

Building Permit Application



Planning & Zoning Department

2052 County Road 24
Medina, MN 55340

Phone: (763) 473-4643
Fax: (763) 473-9359

Site Address: _____
Owner Name _____
Property ID: _____
Telephone #: _____

Date Applied: _____

Lot: _____ Block: _____ Subdivision: _____

Type of Work:

- | | |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Finish/Remodel | <input type="checkbox"/> Re-roof/Re-side |
| <input type="checkbox"/> Septic System | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Grading Permit | <input type="checkbox"/> Other |

Contractor Information

Firm: _____

Contact: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

License #: _____

USE: _____

Construction Type: _____

Description:

Valuation of Work: _____

Structure Size

Length _____ Width _____

Sq. Ft. _____ Height _____

Acknowledgement and Signature:

The undersigned hereby requests permission to make the real improvements specified, and declares under penalty of law acknowledgement and acceptance of all information, conditions, and requirements represented on this document. The undersigned affirms to the accuracy of all information submitted along with the application and acknowledges responsibility to pay for plan review costs associated with this application regardless of if the permit is issued.

The undersigned recognizes that this document is merely an application and that no work may be completed until plans have been approved, all permit fees are paid, and the permit has been issued. After the permit has been issued, the undersigned agrees to do all work in strict compliance with all City of Medina ordinances and State of Minnesota building code requirements. The undersigned further agrees to carry out inspections necessary for this permit.

Signature: _____

Print Name: _____

Office Use Only

Engineering: _____ Zoning: _____

Adjusted Valuation: _____

Mech _____ # Plumbing _____

Fireplace _____ Code Analysis _____

Fire Suppression: ____ yes ____ no

Meter Size: _____

Site Visit Fee: _____

Other Fee(s): _____

Building Official Approval:

Date: _____