

CITY OF MOORHEAD

500 Center Avenue/PO Box 779, Moorhead, MN 56561

Phone: 218-299-5424 Fax: 218-299-5399 E-mail: buildingcodes@ci.moorhead.mn.us

APPLICATION FOR PERMIT

TYPE OF PERMIT REQUESTED (Check one):

PLUMBING _____

MECHANICAL _____

CLASSIFICATION OF WORK (Check one):

RESIDENTIAL ___

MULTIPLE ___

COMMERCIAL ___

INDUSTRIAL ___

Building Owner's Name: _____

Job Address: _____

Permit Applicant: _____ Office Phone # _____

Contact Person: (please print) _____ Cell Phone # _____

Mechanical Permits: Valuation of work \$ _____

Plumbing Permits: # of Fixtures _____ Water _____ Sewer _____ Water Heater _____

Brief Description of Work: _____

Paid (Check one): Check # _____ Cash _____ Bill _____

Mailing Address (for billing): _____

Delivery of Permit (Check one): Mail ___ Fax ___ Pickup ___ E-mail ___

Fax Number for Permit Delivery: _____

E-mail Address for Permit Delivery: _____

Signature: _____ Date: _____