CITY OF MOORHEAD BUILDING CODES
500 Center Avenue
MOORHEAD, MN 56560
PHONE (218)299-5424 FAX (218)299-5399

COMMERCIAL BUILDING PLAN REVIEW APPLICATION

APPLICANT IS: ❑ Owner ❑ Designer ❑ Contractor ❑ Other

SITE

Project Title

Project Site Address

OWNER

Owner	Contact Person
Owner Address	Phone Number
City, State, Zip	Fax Number

CONTRACTOR

Contractor	Contact Person	
Contractor Address	Phone Number	
City, State, Zip	Fax Number	License Number (If Applicable)

DESIGN FIRM

Designer	Contact Person	
Firm Address	Phone Number	
City, State, Zip	Fax Number	License Number (If Applicable)

Structural Engineer (If applicable):	Mechanical Engineer (If applicable):

PROJECT

Class of Work: ❑ New ❑ Addition ❑ Alteration ❑ Other

Anticipated Start Date: _____ Total Constr Valuation: _____

Type of Construction: _____ Occupancy: _____ Square Footage: _____

Sub Contractors: (If applicable)

Plumbing _____

Mechanical _____

Electrical _____

Concrete _____

Descripton of Work: (For residential garages, additions, decks, and proches, please draw a site plan including setbacks from property lines, on the back of this permit application):

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code; and, that I will cause the work to remain accessible and exposed for inspection purposes.

Applicant Signature	Date

For Office Use Only: ❑ Cash ❑ Check ❑ Bill