CITY OF MOORHEAD BUILDING CODES

500 CENTER AVENUE/PO BOX 779 MOORHEAD, MINNESOTA 56561 PHONE (218)299-5424 FAX (218)299-5399 E-MAIL buildingcodes@ci.moorhead.mn.us

BUILDING PERMIT APPLICATION

Designer Contact Person Contact Person									
Contact Person			☐ Owner	Designer		Contra	ictor 🔲	Other	
Owner Owne	Ш	Project Title							
Owner Address Owner Address Owner Address Owner Address City, State, Zip Owner Address City, State, Zip Contractor Contr	SIT	Project Site Address							
Owner Address Phone Number									
Contractor Contractor Address City, State, Zip Designer Contact Person Contact Perso	OWNER	Owner				Contact F	Person		
Contractor Address City, State, Zip Designer City, State, Zip Contactors: Plumbing (If applicable): City, State, Zip Constructors: Plumbing (If applicable): City Construction: Occupancy: Square Footage: Square Footage: Square Footage: Square Footage: Concrete Concrete Description of Work: (For residential garages, additions, decks, and porches, please draw a site plan including setbacks from property in the back of this permit application): If hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building of and, that I will cause the work to remain accessible and exposed for inspection purposes. Applicant Signature Date For Office Use Only: Flood Plain Development Permit Required? YES NO Completed? YES NO Completed? YES NO Note 1: Sidewalks shall be installed per City Ordinance Title 8, Chapter 3, Section 4.		Owner Address				Phone No	ımber		
Contractor Address City, State, Zip Designer City, State, Zip Contactors: Plumbing (If applicable): City, State, Zip Constructors: Plumbing (If applicable): City Construction: Occupancy: Square Footage: Square Footage: Square Footage: Square Footage: Concrete Concrete Description of Work: (For residential garages, additions, decks, and porches, please draw a site plan including setbacks from property in the back of this permit application): If hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building of and, that I will cause the work to remain accessible and exposed for inspection purposes. Applicant Signature Date For Office Use Only: Flood Plain Development Permit Required? YES NO Completed? YES NO Completed? YES NO Note 1: Sidewalks shall be installed per City Ordinance Title 8, Chapter 3, Section 4.		City State 7in				Fox Num	nor		
Contractor Address Phone Number Email address		City, State, Zip				I ax INUIII	Dei		
Designer Contact Person Phone Number	CTOR	Contractor				Contact F	Person		
Designer Contact Person		Contractor Address				Phone No	ımber		
Designer Contact Person Phone Number	R	oonidada / daloo							
Designer Contact Person Phone Number	NO	City, State, Zip				Fax Num	ber	License Number (If Applicable)	
Firm Address		Designer				Contact F	Person		
Structural Engineer (If applicable): Machanical Engineer (If applicable):	N FIRM	2001g.101				oomaa.			
Structural Engineer (If applicable): Machanical Engineer (If applicable):		Firm Address				Phone No	ımber		
Structural Engineer (If applicable): Machanical Engineer (If applicable):	SIG	City, State, Zip				Fax Num	ber	License Number (If Applicable)	
Class of Work: New Addition Alteration Other Anticipated Start Date: Total Constr Valuation: Type of Construction: Occupancy: Square Footage: Sub Contractors: Plumbing Mechanical Electrical Concrete Descripton of Work: (For residential garages, additions, decks, and porches, please draw a site plan including setbacks from property I 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 will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Cand, that I will cause the work to remain accessible and exposed for inspection purposes. Applicant Signature Thereby apply for a Building Permit and acknowledge that the information above is complete and accurate; that this is not a permit, that the will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Cand, that I will cause the work to remain accessible and exposed for inspection purposes. Applicant Signature Date For Office Use Only: Flood Plain Development Permit Required? YES NO Zoning Review Required? YES NO Completed? YES NO Note 1: Sidewalks shall be installed per City Ordinance Title 8, Chapter 3, Section 4.	<u> </u>								
Anticipated Start Date:		Structural Engineer (If applicable):			Mec	hanical Er	gineer (If applicable):		
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Note 2: Sewer and Water Service Connections shall conform to the requirements of the Minnesota Office of			•					nocata Office of	

Pipeline Safety and the City of Moorhead Engineering Department.