



# Building Permit Application

## Community Development Department

### Building Inspections Division

5200 85<sup>th</sup> Avenue North / Brooklyn Park, MN 55443  
 Phone: (763) 488-6379 / Fax: (763) 493-8171  
 4/15 www.brooklynpark.org

**GOVERNMENT DATA PRACTICES ACT - TENNESON WARNING:**

The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide this data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

Business or Tenant Name: \_\_\_\_\_

Contractor/Applicant Name: \_\_\_\_\_ License # \_\_\_\_\_

Applicant is: Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Permit Type: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ New \_\_\_\_\_ Add / Alt \_\_\_\_\_ TI \_\_\_\_\_

Work Description: \_\_\_\_\_

Construction Code: IBC \_\_\_\_\_ IRC \_\_\_\_\_ Valuation of Work \$: \_\_\_\_\_

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances of the City of Brooklyn Park and with the Minnesota State Building Code; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Payment method:  Cash  Check  Credit Card

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Check box if pre-1978 residential structure and provide EPA certificate for lead paint activities. (2010 MN statute 326B.106 subd. 13 & 14) Licensed residential building contractor, residential remodeler, or roofer must provide a copy of their EPA certificate when working on pre-1978 residential structures.

**Office Use:**

Valuation \$ _____	Site _____	Construction Type _____ Occupancy _____
Permit Fee \$ _____	Footing/Fdtn. _____	Sprinklers _____ Sq Ft _____
Plan Review \$ _____	Poured Wall _____	<b>Approvals:</b> C.O. Yes <input type="checkbox"/> No
Surcharge \$ _____	Framing _____	Building _____
_____ SAC \$ _____	Insulation _____	Planning _____
_____ WAC \$ _____	Wallboard _____	Health _____
Connection \$ _____	Stucco/Lath _____	Engineering _____
License \$ _____	Photos _____	O&M _____
Investigation \$ _____	Other _____	Fire _____
<b>Total \$ _____</b>	<b>Final _____</b>	<b>Bonds _____</b>

ADDN-C	BPPC-C NEW	BPRPR-R	GARA-R	RSW
ADDN-R	BPPC-R	BSMT	POOL-C	RW
BNNPC-C	BPPC-R NEW	DECK-C	POOL-R	RWIN
BNNPC-R	BPRD	DECK-R	RR	RWR
BPPC-C	BPRPR-C	GARA-C	RRW	WST

Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit #: \_\_\_\_\_