



# CITY OF GRAND RAPIDS

Website: [www.cityofgrandrapidsmn.com](http://www.cityofgrandrapidsmn.com)

## PERMIT APPLICATION

<input type="checkbox"/> Building / Zoning	<input type="checkbox"/> Commercial / Residential	Yes <input type="checkbox"/> No <input type="checkbox"/> Constructed Pre-1978	Yes <input type="checkbox"/> No <input type="checkbox"/> Certified Lead Renovator
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Please fill out the following information as it pertains to the proposed work to be done.

ADDRESS OF PROJECT \_\_\_\_\_  
 BUSINESS NAME \_\_\_\_\_  
 CURRENT USE \_\_\_\_\_ PROPOSED USE \_\_\_\_\_  
 PIN \_\_\_\_\_ SUB-DIVISION \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_  
 TYPE OF MATERIALS \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PHONE NO \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_ LICENSE NO \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE NO \_\_\_\_\_

BUILDING CONTRACTOR \_\_\_\_\_ LICENSE NO \_\_\_\_\_  
 PLUMBING CONTRACTOR \_\_\_\_\_ LICENSE NO \_\_\_\_\_  
 MECHANICAL CONTRACTOR \_\_\_\_\_ LICENSE NO \_\_\_\_\_  
 SPRINKLER CONTRACTOR \_\_\_\_\_  
 ELECTRICAL CONTRACTOR \_\_\_\_\_

ARCHITECT \_\_\_\_\_ CODE \_\_\_\_\_  
 STRUCTURAL ENGINEER \_\_\_\_\_ MECHANICAL ENGINEER \_\_\_\_\_  
 BUILDING SPRINKLERS YES NO

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a Permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction work is suspended or abandoned for a period of 180 days at any time after work is commenced. \*Please call GOPHER ONE (1-800-252-1166) before you dig\*.

APPLICANT SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_ VALUATION OF WORK \$ \_\_\_\_\_

Attach site plan, survey, building plans, specification sheets, energy calculations and Storm Water Permit information as required.

### FOR OFFICE USE ONLY ZONING OFFICE REVIEW

Zoning: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Zoning Comments: \_\_\_\_\_

BUILDING OFFICE REVIEW	FEES
TYPE OF CONSTRUCTION _____	Project valuation \$ _____
OCCUPANCY _____	Permit Fee \$ _____
DESIGN CODE _____	Plan Check Fee \$ _____
BUILDING OFFICE COMMENTS _____	State Surcharge \$ _____
_____	Other _____ \$ _____
BUILDING OFFICIAL APPROVAL _____	TOTAL FEES \$ _____
PERMIT NO _____ DATE APPROVED _____	

Please call (218) 326-7601 24 hours in advance, for all inspections required on your permit.  
 WHITE Copy to File / YELLOW Copy to Finance / PINK Copy to Applicant