

CITY OF GRAND RAPIDS

Website: 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 _____		RENTAL? _____	
BUSINESS NAME _____			
CURRENT USE _____		PROPOSED USE _____	
PIN _____	SUB-DIVISION _____	BLOCK _____	LOTS _____
LOT WIDTH _____	LENGTH _____	SQ FT _____	BUILDING WIDTH _____
			LENGTH _____
			SQ FT _____

DESCRIPTION OF WORK _____
TYPE OF MATERIALS _____

PROPERTY OWNER _____	PHONE NO _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____

GENERAL CONTRACTOR _____	LICENSE NO _____
ADDRESS _____	PHONE NO _____

PLUMBING CONTRACTOR _____	LICENSE NO _____
MECHANICAL CONTRACTOR _____	LICENSE NO _____
SPRINKLER CONTRACTOR _____	
ELECTRICAL CONTRACTOR _____	

ARCHITECT _____	CODE _____
STRUCTURAL ENGINEER _____	MECHANICAL ENGINEER _____
BUILDING SPRINKLERS <u>YES</u> <u>NO</u>	TOTAL SQ FT _____ NO STORIES _____

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: _____

<u>BUILDING OFFICE REVIEW</u>	<u>FEES</u>
APPLICATION COMPLETE DATE _____	Project valuation \$ _____
REVIEW COMPLETE DATE _____	Permit Fee \$ _____
TYPE OF CONSTRUCTION _____	Plan Check Fee \$ _____
OCCUPANCY _____	State Surcharge \$ _____
DESIGN CODE _____	Other \$ _____
BUILDING OFFICE COMMENTS _____	TOTAL FEES \$ _____
BUILDING OFFICIAL APPROVAL _____	
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