



23340 Cree Street NW
 St. Francis, MN 55070
 Phone: 763-235-2317 or 763-753-2630
 Email: pdahlheimer@stfrancismn.org

Permit Application

Building _____ HVAC _____
 Plumbing _____ Zoning _____
 Permit No.: _____

Site Address: _____

Property Identification Number: _____ Year Built: _____

Owner Name: _____ Contractor: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Homeowner email: _____ State License No.: _____

Contractor email: _____ Lead Certified Firm No.: _____

Contact: _____ Phone: _____ Fax: _____

Description of Work:

Valuation (labor & materials): _____ Repetitive Plan Id No. (SS1300.0160): _____

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of St. Francis.

_____ **Print Name** _____ **Signature of Applicant or Authorized Agent**

Owner Contractor

_____ **Date**

Notice: This is an application only. Permit will be issued after City approval and payment of fees.
 Work is not authorized to begin prior to issuance.

***** FOR OFFICE USE ONLY *****

| Signatures Required: | | Signature/Date | Fee Schedule: | |
|--|--------------|----------------|-------------------|-------|
| <input type="checkbox"/> | Engineering: | _____ | Permit: | _____ |
| <input type="checkbox"/> | Planning: | _____ | Plan Review: | _____ |
| <input type="checkbox"/> | Building: | _____ | Surcharge: | _____ |
| Type of Construction: | | _____ | Zoning: | _____ |
| Occupancy Classification: | | _____ | Plumbing: | _____ |
| | | | Water: | _____ |
| | | | Sewer: | _____ |
| | | | Meter: | _____ |
| | | | HVAC: | _____ |
| | | | Misc.: | _____ |
| *Please provide a minimum 24 hour notice for inspections | | | Total Fees: _____ | |