



## Municipal Application for State Plan Review

To be used by municipalities requesting plan review services on buildings other than *Public Buildings* and *State Licensed Facilities*

PRINT IN INK or TYPE your responses.

### NAME OF MUNICIPALITY

STREET ADDRESS	CITY	STATE	ZIP CODE
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CONTACT PERSON (if different from building official)	PHONE	E-MAIL ADDRESS
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### BUILDING OR PROJECT TO BE REVIEWED

ADDRESS	CITY	STATE	ZIP CODE
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CONSTRUCTION VALUATION	TYPE OF WORK (check one) <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Sprinkler
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TYPE OF REVIEW REQUESTED  
 SBC Review     NFPA 13     Other \_\_\_\_\_

### DESIGN FIRM

MAILING ADDRESS	CITY	STATE	ZIP CODE
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CONTACT PERSON	PHONE
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***By requesting the Minnesota Building Codes and Standards Unit to Plan Review this project, I understand and agree to the conditions contained in the Attachment.***

BUILDING OFFICIAL MAKING APPLICATION (Print)	CERTIFICATION NO.	PHONE
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SIGNATURE OF BUILDING OFFICIAL	DATE
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**NOTE: We cannot accept applications for fire-sprinkler plan review unless you have been authorized for plan review by the State Fire Marshal's office.**

**This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.**

### Office Use Only

PROJECT NUMBER	PLAN REVIEW FEE	DATE INVOICED
DATE PAID	APPROVED FOR REVIEW BY	DATE