



Initial Application for Plan Review

Please complete this application and return it to the Construction Codes and Licensing Division prior to your expected plan review submittal date. This will help us expedite your project while we determine where you will make application for plan review.

PRINT IN INK or TYPE your responses.

PROJECT TITLE			PROJECTED CONSTRUCTION VALUATION
ADDRESS			ANTICIPATED START DATE
CITY OR TOWNSHIP WHERE LOCATED *** PLEASE VERIFY ***			COUNTY
OWNER (OR STATE AGENCY IF APPLICABLE)			CONTACT PERSON
ADDRESS			PHONE
CITY	STATE	ZIP CODE	FAX
DESIGN FIRM			PROJECT CONTACT
ADDRESS			PHONE
CITY	STATE	ZIP CODE	FAX
			E-MAIL

PROJECT TYPE

Public (state-owned) building paid for by the state or other state agency for:

National Guard Historical Society MN Zoo D.O.T. D.N.R. Iron Range R
 MNSCU (State College or University) State Hospital State Home Capitol Complex

Public school district building of \$100,000 or more in construction cost

State Licensed Facility licensed as a:

Hospital Nursing Home Correctional Facility Boarding Care Home
 Supervised Living Facility Free-standing Outpatient Surgical Center Residential Hospice

CLASS OF WORK

New Building Construction Addition Remodeling Sprinklers Yes No Partial

IBC OCCUPANCY CLASSIFICATION(S)	IBC TYPE OF CONSTRUCTION
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PROJECT DESCRIPTION

Upon receiving this completed initial application, we will confirm proper jurisdiction for the project, assign a project number, and determine who will do plan review and inspections. Within a few days we will notify you in writing of the project number, where to submit your documents for review, and how inspections will be handled. If delegated to the municipality, you will need to follow their procedures and fee schedule. Otherwise our standard application process will need to be followed.

I completed the information on this application and understand that it does not authorize the start of construction.

APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE
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