



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	STATE PROJECT NO		
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		
Check if you would also like to receive your plan review by e-mail <input type="checkbox"/>			E-MAIL		

PROJECT TYPE

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

<input type="checkbox"/> National Guard	<input type="checkbox"/> Historical Society	<input type="checkbox"/> MN Zoo	<input type="checkbox"/> D.O.T.	<input type="checkbox"/> D.N.R.	<input type="checkbox"/> Iron Range R
<input type="checkbox"/> MNSCU (State College or University)	<input type="checkbox"/> State Hospital	<input type="checkbox"/> State Home	<input type="checkbox"/> Capitol Complex		

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

State Licensed Facility licensed as a:

<input type="checkbox"/> Hospital	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Boarding Care Home
<input type="checkbox"/> Supervised Living Facility	<input type="checkbox"/> Free-standing Outpatient Surgical Center	<input type="checkbox"/> Residential Hospice	

CLASS OF WORK

New Building Construction Addition Remodeling Other, specify

IBC OCCUPANCY CLASSIFICATION(S)	IBC TYPE OF CONSTRUCTION	SPRINKLERED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
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PROJECT DESCRIPTION

NOTE: The following materials must be submitted (as applicable) with this Application for Plan Review:

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|---|-----------------------------------|-------------------------------|
| 1. Complete set of Plans and Specifications | 4. Code Record | 7. Soils Investigation Report |
| 2. Addenda and/or Change Orders | 5. Sample Structural Calculations | 8. Energy Code Envelope |
| 3. Plan Review Fee | 6. Special Inspection Program | Compliance Forms |

Licensed professional: *I attest that these plans and/or specifications were prepared by me or under my direct supervision and that reasonable care has been given to compliance with applicable laws, ordinances and building codes and that **this application is not a building permit, nor does it authorize the start of construction***

APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE
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Is this project on the State "MAPS" accounting system? Yes No State Agency that will be paying fee?

Calculated Plan Review Fee (By Applicant)		FOR OFFICE USE ONLY		
A plan review fee must be submitted. Please see the Plan Fee Schedule Worksheet for correct calculation of the required plan review fee	Plan Review Fee	Project No.	Date	Amount of Check

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.