

# Application for Plan Review

Document Submittal Format: **Paper** **Electronic**

PROJECT INFORMATION			
PROJECT TITLE			PROJECTED CONSTRUCTION VALUATION
PROJECT LOCATION (number and street name)			INITIAL APPLICATION PROJECT NUMBER <b>BLD -</b>
PROJECT CITY or PROJECT TOWNSHIP (Enter only the city or the township, not both)			COUNTY
OWNER (OR STATE AGENCY IF APPLICABLE) (OR ISD# IF APPLICABLE)			CONTACT PERSON
ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL
DESIGN FIRM			PROJECT CONTACT
ADDRESS			PHONE
CITY	STATE	ZIP CODE	E-MAIL

**PROJECT TYPE**  
 (As defined by MN Statute 326B.103 Subd. 11 and Subd. 13)

- State Owned** - A building and its grounds the cost of which are paid for by the state or state agency regardless of its cost.
- Public School District** - A school district building project or charter school building project, the cost of which is **\$100,000** or more.
- State Licensed Facility** - A building and its grounds that are licensed by the state as a:
- hospital,  nursing home,  supervised living facility,  free-standing outpatient surgical center,  
 correctional facility,  boarding care,  residential hospice.

**If your project is not licensed specifically as listed above, the project is not under the jurisdiction of the Building Plan Review Unit.**

CLASS OF WORK			
<input type="checkbox"/> New Building Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodeling	<input type="checkbox"/> Other, specify:
IBC OCCUPANCY CLASSIFICATION(S)	IBC TYPE OF CONSTRUCTION(S)	SPRINKLED <input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D	

PROJECT DESCRIPTION

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

**Failure to submit all required information will result in delay of project processing.**

- |   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 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 Compliance Forms |
| 3. Plan Review Fee                          | 6. Special Inspection Program     |                                 |

APPLICANT INFORMATION				
APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE	PHONE	
APPLICANT ADDRESS (IF NOT LISTED ABOVE)	CITY	STATE	ZIP	E-MAIL

Calculated Plan Review Fee (By Applicant)	FOR OFFICE USE ONLY		
Please see: <a href="http://www.dli.mn.gov/CCLD/PlanConstructionCalc.asp">www.dli.mn.gov/CCLD/PlanConstructionCalc.asp</a> for correct calculation of the required plan review fee.	Date	Amount of Check	
<b>Plan Review Fee:</b> <input type="checkbox"/> Check Enclosed Invoice: <input type="checkbox"/> to Owner <input type="checkbox"/> to Design Firm	Invoice #	Check #	Returned Check
<b>Note:</b> Invoice option delays plan review until payment is received.	<input type="checkbox"/> 75% <input type="checkbox"/> 100%	<b>BLD-</b>	

This material can be made available in different forms. To request, call 1-800-342-5354 (DIAL-DLI).