



## 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
----------------	------	-------	----------

CONTACT PERSON (if different from building official)	PHONE	E-MAIL ADDRESS
--	-------	----------------

### BUILDING OR PROJECT TO BE REVIEWED

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

CONSTRUCTION VALUATION	TYPE OF WORK (check one)
	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Sprinkler

TYPE OF REVIEW REQUESTED

SBC Review   
  NFPA 13   
  Other \_\_\_\_\_

### DESIGN FIRM

MAILING ADDRESS	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

CONTACT PERSON	E-MAIL ADDRESS	PHONE
----------------	----------------	-------

***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
--	-------------------	-------

SIGNATURE OF BUILDING OFFICIAL	DATE
--------------------------------	------

**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