



## Initial Application

PROJECT INFORMATION			
PROJECT TITLE			PROJECTED CONSTRUCTION VALUATION
PROJECT LOCATION (number and street name)			COUNTY
PROJECT CITY or PROJECT TOWNSHIP (Enter only the city or township, not both) <input type="checkbox"/> Check if outside city limits			
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	Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<input type="checkbox"/> Permit Only (submit documentation from regional building official)		ANTICIPATED START DATE	
IBC OCCUPANCY CLASSIFICATION(S)		IBC TYPE OF CONSTRUCTION	

PROJECT DESCRIPTION

**APPLICANT INFORMATION**

Upon receiving this completed initial application, we will confirm proper jurisdiction for the project and assign a project number. 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	PHONE
APPLICANT MAILING ADDRESS	CITY	STATE	ZIP E-MAIL

<b>FOR OFFICE USE ONLY</b>	<input type="checkbox"/> State <input type="checkbox"/> Local Insp. <input type="checkbox"/> Local Both	<b>BLD-</b>
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This material can be made available in different forms. To request, call 1-800-342-5354 (DIAL-DLI).