

APPLICANT INFORMATION

Permit Applicant is: Owner Designer Contractor Other (specify)

APPLICANT	PHONE
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ADDRESS

CITY	STATE	ZIP CODE	E-MAIL
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Applicant: I completed the information on this application and acknowledge that this is not a building permit. Work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code. Work will not begin until the building permit has been issued by this office.

APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE
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CALCULATED PERMIT FEES (By Applicant)	FOR OFFICE USE ONLY		
Please see: www.dli.mn.gov for correct calculation of the required surcharge and mechanical permit fee. Check (enclosed)	Permit Fee	Date	Amount of Check
	Surcharge Fee	Invoice #	Check #
Invoice: to State Agency Note: Invoicing is only available to state agencies and you must provide your 10 character Customer Number and Sequence Number below: Customer Number: Customer Sequence Number:	Total Fee	Returned check	Permit #

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