



208 1<sup>st</sup> Avenue NW (Lower Level) Faribault, MN 55021  
 Phone (507) 333-0387 Fax (507) 384-0507

1. Date: \_\_\_\_\_

2. Building Address: \_\_\_\_\_

Is there a well or septic system on this property?  Yes\*  No \*If yes,  
 Letter of Compliance required by a licensed septic installer.

**Was dwelling built prior to 1978:**  Yes  No

**\*\*If YES,** please follow lead abatement rules on Federal EPA site at:

[http://cfpub.epa.gov/flpp/searchrrp\\_firm.htm](http://cfpub.epa.gov/flpp/searchrrp_firm.htm)

State Web site: <http://www.dli.mn.gov/ccld/lead.asp>

**Are you EPA Lead Certified?**  Yes  No

3. Permit Applicant:  Owner  Designer  Contractor

4. Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

5. Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

State License # \_\_\_\_\_ Exp: \_\_\_\_\_

Lead Certification #: \_\_\_\_\_ Exp: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Architect/Designer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ State License # \_\_\_\_\_

6. Estimated Value of Construction (labor + material): \$ \_\_\_\_\_

7. Description of Project including SQFT/Dimensions: \_\_\_\_\_

**I hereby certify that I have completed and examined this application and certify that the information contained therein is correct. If a permit is issued, I agree all work will be done in conformance with all applicable ordinances and codes of the City of Faribault and laws of the State of Minnesota.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Building Permit Application**

**For Office Use Only**

Permit # \_\_\_\_\_

**Permit Types**

Building  Septic System

**Property Types**

<input type="checkbox"/> Commercial (COMM)	<input type="checkbox"/> Modular (MODU)
<input type="checkbox"/> Condominium (COND)	<input type="checkbox"/> Multi-Family (MULT)
<input type="checkbox"/> Duplex (DPLX)	<input type="checkbox"/> Public Facilities (PUBL)
<input type="checkbox"/> Industrial (INDU)	<input type="checkbox"/> Residential (RESI)
<input type="checkbox"/> Institutional (INST)	<input type="checkbox"/> Townhomes (TOWN)

**Construction Types**

<input type="checkbox"/> Accessory Building (ABLG)	<input type="checkbox"/> Airplane Hangar (APHG)
<input type="checkbox"/> Addition/Remodel (ADDR)	<input type="checkbox"/> Cold Storage Building (CLDS)
<input type="checkbox"/> Deck (DECK)	<input type="checkbox"/> Demolition (DEMO)
<input type="checkbox"/> Garage - Attached (GARA)	<input type="checkbox"/> Egress Window (EGRS)
<input type="checkbox"/> Garage - Detached (GARD)	<input type="checkbox"/> Foundation/Site work (FOUN)
<input type="checkbox"/> New Construction (NEWC)	<input type="checkbox"/> Plan Review (PLRV)
<input type="checkbox"/> Porch - 3 Season/Open (PORC)	<input type="checkbox"/> In Ground Pool (POOL)
<input type="checkbox"/> Remodel (REMD)	<input type="checkbox"/> Above Ground Pool (POOA)
<input type="checkbox"/> Window/Door Replacement (WNDR)	<input type="checkbox"/> Alteration (ALTR)
<input type="checkbox"/> Solar Panels (SOLR)	<input type="checkbox"/> Flood Damage (FLDD)
<input type="checkbox"/> Other	<input type="checkbox"/> Plan Review (PLRV)

Valuation \$ _____	<input type="checkbox"/> Surcharge
Occupancy Group _____	<input type="checkbox"/> Permit
Bldg. Const. Type _____	<input type="checkbox"/> Plan Check Fees
Design Occupant Load _____	<input type="checkbox"/> WAC # of Units _____
Plan # _____ Date _____	<input type="checkbox"/> SAC # of Units _____
	<input type="checkbox"/> Parkland
Bldg. Square Feet _____	<input type="checkbox"/> Water Meter _____
Number of Stories _____	<input type="checkbox"/> Escrow \$1,000
Number of Units _____	<input type="checkbox"/> Grading Permit Required
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Sprinkled... <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ROW Permit Required
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicable Edition of Code \_\_\_\_\_