



City of Brooklyn Center

Community Development

6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199

Ph: (763)569-3330 TTY 711 Fax: (763)569-3360

www.cityofbrooklyncenter.org

Building Permit Application

Permit No: _____

Site Address _____ Date of Application: _____

Tenant Name & Contact (For Commercial Only) _____

Applicant is: Contractor Owner Architect

Property Owner	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____

Contractor (If none, leave blank)	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Contact Person _____ Email _____
	Company Phone _____ License No. _____
If exempt from licensing, check here: <input type="checkbox"/>	

Architect/ Engineer	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Contact Person _____ Phone _____
	Email _____ Registration No. _____

Census Data (City Use Only)	New Residential	Demolition	
	<input type="checkbox"/> 101 Single Family	<input type="checkbox"/> 104 3-4 Unit Building	<input type="checkbox"/> 645 Demo Single Family Dwelling
	<input type="checkbox"/> 103 Two Unit Dwelling	<input type="checkbox"/> 105 5 or more Unit Bldg	<input type="checkbox"/> Other Demo (See Chart)

SAC Determination	<input type="checkbox"/> SAC Charge (No. of Units _____) <input type="checkbox"/> No SAC Charge
	<input type="checkbox"/> SAC Credits Claimed on Site for Demolition _____

Description of work (include size for deck, garage, addition or new construction permits):

Valuation of Work Performed \$ _____

The undersigned acknowledges that this application has been read and the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.

Applicant Name _____ Signature: _____
(Please Print)

City Staff Use Only

Property Use

Commercial	Residential Single Family
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Work Type

New	Addition	Alteration/Remodel	Repair/Replace	Demolish/Remove
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Permit Sub Type

Fence	Roofing	Siding/Soffit/Fascia	Windows/Doors	Fire Monitoring System
Fire Suppression System	Garage/Accessory Structure	Deck/Porch/Stoop/Ramp	Swimming Pool	Tenant Finish
Basement Finish	Grading/Land Disturbing	Footing/Foundation Only	Stucco/Veneer/Façade	Interior Remodel
Building/Structure	Egress Window	Interior Demo Only		

Required Inspections

Backfill/Insulation	Final	Cert. Of Occupancy
Fireplace	Smoke/CO Alarms	Concrete Slab/Moisture Barrier
Footing	Sheathing	Consultation
Framing	Sheathing Paper	Demolition
Insulation	Sheetrock	Eave flashing/Ice & Water
Lathe	Undefined	Erosion Control
Window Flashing	Fire Caulking	

Permit Fee Calculations: Base Fee _____ Plan Review _____ Surcharge _____ SAC (Units ____) _____ Investigation _____ TOTAL FEE _____	General Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">Number of Units</td> </tr> <tr> <td></td> <td>Number of Buildings</td> </tr> <tr> <td></td> <td>Construction Type Sprinklered ____ Yes ____ No</td> </tr> <tr> <td></td> <td>Zoning</td> </tr> <tr> <td></td> <td>IBC/IRC Occupancy Group(s) Ex. IBC-A1, IRC-4</td> </tr> </table> Certificate of Occupancy Required? Yes ____ No ____		Number of Units		Number of Buildings		Construction Type Sprinklered ____ Yes ____ No		Zoning		IBC/IRC Occupancy Group(s) Ex. IBC-A1, IRC-4
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Special Conditions/Remarks: _____ _____ _____ _____
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Required Approvals:	Signature	Date
Building Official/Inspector		
City Planner		
City Engineer		
Entered By		

Permits must be submitted in person or mailed. Permits will not be accepted via e-mail or fax.