



City of Brooklyn Center
 Building & Community Standards
 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: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> 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. _____
<small>(City Use Only)</small> Census Data	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)

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

City Staff Use Only

Property Type

Commercial (437)	School (326)	Residential Single Family (101)
Residential Two Family (103)	Townhome (102)	Multi Family (105)
Undefined/Other (999)		

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	
	Number of Units _____	
	Number of Buildings _____	
	Construction Type	Sprinklered ____ Yes ____ No
	Zoning _____	
	IBC/IRC Occupancy Group(s) Ex. IBC-A1, IRC-4 _____	
	Certificate of Occupancy Required? Yes ____ No ____	

Special Conditions/Remarks: _____

Required Approvals:	Signature	Date
Building Official/Inspector		
City Planner		
City Engineer		
Entered By		

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Form 3.16.2017