



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: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Architect			
Property Owner	Name _____		
	Address _____		
	City _____		State _____ Zip Code _____
	Phone _____		Email _____
Contractor <small>(If none, leave blank)</small>	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)

City Staff Use Only

Property Use

Commercial

Residential Single Family

Work Type

New

Addition

Alteration/Remodel

Repair/Replace

Demolish/Remove

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	Drain Tile/Sump Basket	

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	

<p>Permit Fee Calculations:</p> <p>Base Fee _____</p> <p>Plan Review _____</p> <p>Surcharge _____</p> <p>SAC (Units ____) _____</p> <p>Investigation _____</p> <p>TOTAL FEE _____</p>	<p>General Information</p> <p>Number of Units _____</p> <p>Number of Buildings _____</p> <p>Construction Type Sprinklered ____ Yes ____ No</p> <p>Zoning _____</p> <p>IBC/IRC Occupancy Group(s) Ex. IBC-A1, IRC-4 _____</p> <p>Certificate of Occupancy Required? Yes ____ No ____</p>
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Special Conditions/Remarks: _____

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.