City of St. Francis

3750 Bridge Street NW
St. Francis, MN 55070
Phone: 763-753-2630
Email:bldginsp@stfrancismn.gov

Permit Application

Building _____ HVAC _____

Plumbing _____ Zoning _____

Permit No.: _____

(Minimum of 2 days' notice required for inspections)

Site Address: _____

Property Identification Number: _____ **Year Built:** _____

Owner Name: _____ Contractor: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Owner email: _____ State License No.: _____

Contractor email: _____ Lead Certified Firm No.: _____

Contact: _____ **Phone:** _____ **Fax:** _____

Description of Work:

_____

_____

Valuation (labor & materials): _____ **Repetitive Plan Id No. (SS1300.0160):** _____

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of St. Francis.

_____ _____

Print Name **Signature of Applicant or Authorized Agent**

_____ **Owner** _____**Contractor** _____

Date

Notice: This is an ***application*** only. Permit will be issued after City approval and payment of fees. Work is not authorized to begin prior to issuance.

********** FOR OFFICE USE ONLY **********

Signatures Required: **Signature/Date**	**Fees:**
☐ Erosion Control: _____	Permit: _____
☐ Engineering: _____	Plan Review: _____ Water: _____
☐ Planning: _____	Surcharge: _____ Sewer: _____
☐ Building: _____	Zoning: _____ Meter: _____
Type of Construction: _____	Plumbing: _____ HVAC:_____
Occupancy Classification: _____	Misc: _____
Zoning District: _____	Total Fees: _____