

BUILDING PERMIT APPLICATION: RESIDENTIAL

590 40th Avenue NE, Columbia Heights, MN 55421 • PH: 763-706-3670 • www.columbiaheightsmn.gov

**COMMUNITY
DEVELOPMENT**

DATE RECEIVED: _____

APPLICANT	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	Email: _____	
SITE ADDRESS	_____			
PROPERTY OWNER / TENANT	Name: _____ Phone: _____ Address _____ City: _____ State: _____ Zip: _____			
CONTRACTOR Note: Please submit a copy of your state license with this application	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ State License #: _____ Expiration Date: _____			
PROPERTY TYPE	<input type="checkbox"/> Single Family	<input type="checkbox"/> Double / Duplex	<input type="checkbox"/> Townhouse	
TYPE OF WORK Please select all that apply	<input type="checkbox"/> Addition	<input type="checkbox"/> Garage / Shed	<input type="checkbox"/> Siding	
	<input type="checkbox"/> Basement Finish	<input type="checkbox"/> New Construction	<input type="checkbox"/> Swimming Pool	
	<input type="checkbox"/> Deck	<input type="checkbox"/> Remodel	<input type="checkbox"/> Windows / Doors	
	<input type="checkbox"/> Drain Tile	<input type="checkbox"/> Roofing	<input type="checkbox"/> Other	
DESCRIPTION OF WORK	Square Footage: _____ Width: _____ Length: _____ Height: _____			
ROOFING	<input type="checkbox"/> House Only	<input type="checkbox"/> House & Garage	BASEMENT REMODEL	1. Existing Floor Plan 2. Proposed Floor Plan 3. List of Structural Members to be Used
	<input type="checkbox"/> Garage Only	Number of Squares: _____		
GARAGES	<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	ADDITIONS, DECKS, & PORCHES	1. Site Plan and/or Survey depicting the Existing Structures and Proposed Project 2. Two (2) Sets of Construction Plans
SIDING	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Soffit		
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Trim		
	<input type="checkbox"/> Other	<input type="checkbox"/> Fascia		
WINDOWS	<input type="checkbox"/> Existing Opening	<input type="checkbox"/> New Opening		
	Number of Windows: _____			
VALUATION Labor and Materials	\$ _____		All Fees are Based on the job Valuation. The City of Columbia Heights uses an amended version of the 1997 U.B.C. Fee Schedule.	

THIS IS AN APPLICATION FOR A PERMIT - NOT VALID UNTIL PROCESSED

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Columbia Heights and with the Minnesota Construction Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

PRINT NAME: _____ **DATE:** _____

SIGNATURE OF APPLICANT: _____

PERMIT FEE:	\$ _____	Based on valuation-- (Call for a Quote) 763-706-3670—Minimum fee of \$35
PLAN REVIEW:	\$ _____	
SURCHARGE:	\$ _____	(0.0005) Times the Job Valuation
SAC CHARGE:	\$ _____	
CONTRACT LICENSE:	\$ _____	
TOTAL DUE:	\$ _____	Make Checks Payable to the City of Columbia Heights