



Building Permit Application

600 Rice Street East • Wayzata, MN 55391

952-404-5301 • 952-404-5318 (fax)

www.wayzata.org

REV: 6/17

PROPERTY INFORMATION			
SITE ADDRESS	Wayzata, MN	SUITE	DATE
PROPERTY OWNER	PROJECT VALUATION		

APPLICANT INFORMATION			
Applicant is: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other			
APPLICANT'S NAME	PHONE NUMBER	STATE LICENSE #	
COMPANY NAME	E-MAIL		
COMPANY ADDRESS	CITY	STATE	ZIP

Architect-Engineer			
COMPANY NAME	CONTACT PERSON		
ADDRESS	CITY	STATE	ZIP
PHONE	FAX / E-MAIL		

I WOULD LIKE MY APPROVED PERMIT...
<input type="checkbox"/> Emailed: _____ <input type="checkbox"/> Mailed or <input type="checkbox"/> Will Pick Up In Person

DETAILED DESCRIPTION OF WORK

PROPERTY TYPE:	CONSTRUCTION TYPE:
<input type="checkbox"/> Single-Family Detached <input type="checkbox"/> Condo / Townhouse <input type="checkbox"/> Two-Family (a duplex on a single lot) <input type="checkbox"/> Multi-Family (5 or more dwelling units on a single lot) <input type="checkbox"/> Commercial	<input type="checkbox"/> Alteration / Remodel <input type="checkbox"/> Deck <input type="checkbox"/> New Building <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Replace / Repair <input type="checkbox"/> Accessory <input type="checkbox"/> Demo Building <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Re-Roof <input type="checkbox"/> Addition <input type="checkbox"/> Move Building <input type="checkbox"/> Fire Sprinklers <input type="checkbox"/> Re-Side <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Other: <input type="checkbox"/> Windows / Door Replacement

Applicant: Please read and sign below

I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the State Building Code and applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection, that a final inspection approval and Certificate of Occupancy are required prior to occupying the building. This permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days. ***Separate permits are required for Plumbing, Mechanical and Electrical work***

APPLICANT'S SIGNATURE	DATE SIGNED
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OFFICE USE ONLY			OFFICE USE ONLY	
ZONING DISTRICT:	SURVEY: <input type="checkbox"/> YES <input type="checkbox"/> NO	PERMIT #:	(1) PERMIT FEE: _____	
	PLANS & SPECS: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLAN REVIEW FEE: _____	
TYPE OF CONSTRUCTION:	SOIL REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO	RECEIPT #:	SURCHARGE: _____	
	FIRE SPRINKLERS: <input type="checkbox"/> YES <input type="checkbox"/> NO		(35) MCES SAC: _____	
USE:	OCCUPANCY SEP.: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED BY:	(35.1) CITY SAC: _____	
	LEAD CERT: <input type="checkbox"/> YES <input type="checkbox"/> NO		(34) CITY WAC: _____	
DATE RECEIVED:	AUTHORIZATION TO ISSUE: DATE:	PERMIT SENT VIA:	OTHER: _____	
			TOTAL FEE: _____	