

CITY OF MOORHEAD BUILDING CODES

500 Center Avenue
 MOORHEAD, MN 56560
 PHONE (218)299-5424 FAX (218)299-5399

COMMERCIAL BUILDING PLAN REVIEW APPLICATION

APPLICANT IS: Owner Designer Contractor Other

SITE	Project Title	
	Project Site Address	

OWNER	Owner	Contact Person	
	Owner Address	Phone Number	
	City, State, Zip	Fax Number	

CONTRACTOR	Contractor	Contact Person	
	Contractor Address	Phone Number	
	City, State, Zip	Fax Number	License Number (If Applicable)
		Email	

DESIGN FIRM	Designer	Contact Person	
	Firm Address	Phone Number	
	City, State, Zip	Fax Number	License Number (If Applicable)
		Email	

Civil Engineer (If applicable):	Mechanical Engineer (If applicable):
Email	Email

PROJECT	Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Other
	Anticipated Start Date: _____ Total Constr Valuation: _____
	Type of Construction: _____ Occupancy: _____ Square Footage: _____
	Sub Contractors: Plumbing _____
	(If applicable) Mechanical _____
	Electrical _____
Concrete _____	

Desripton of Work: (For residential garages, additions, decks, and proches, please draw a site plan including setbacks from property lines, on the back of this permit application):

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code; and, that I will cause the work to remain accessible and exposed for inspection purposes.

Applicant Signature	Date
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For Office Use Only: Cash Check Bill