

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	Email

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

DESIGN FIRM	Designer	Contact Person	
	Firm Address	Phone Number	
	City, State, Zip		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:	_____
	Sub Contractors: (If applicable)	Plumbing	_____		
		Mechanical	_____		
		Electrical	_____		
	Concrete	_____			

Descripton 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