

CITY OF MOORHEAD BUILDING CODES

403 CENTER AVENUE / PO BOX 779

MOORHEAD, MINNESOTA 56561

PHONE (218)299-5424

E-MAIL buildingcodes@moorheadmn.gov

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: _____	
			Square Footage: _____	
	Sub Contractors: Plumbing _____			
	(If applicable) Mechanical _____			
Electrical _____				
Concrete _____				

PROJECT	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):
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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