

**BUILDING PERMIT APPLICATION: RESIDENTIAL**

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

DATE RECEIVED: \_\_\_\_\_

<b>APPLICANT</b>	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	Email: _____	
<b>SITE ADDRESS</b>	_____			
<b>PROPERTY OWNER / TENANT</b>	Name: _____ Phone: _____			
	Address _____			
	City: _____ State: _____ Zip: _____			
<b>CONTRACTOR</b> Note: Please submit a copy of your state license with this application	Name: _____ Phone: _____			
	Address: _____			
	City: _____ State: _____ Zip: _____			
	State License #: _____		Expiration Date: _____	
<b>PROPERTY TYPE</b>	<input type="checkbox"/> Single Family	<input type="checkbox"/> Double / Duplex	<input type="checkbox"/> Townhouse	
<b>TYPE OF WORK</b> Please select all that apply	<input type="checkbox"/> New Construction	<input type="checkbox"/> Roofing replacement (\$160 + Surcharge)	<input type="checkbox"/> Siding repair (Limited to one side/elevation \$120 + Surcharge)	
	<input type="checkbox"/> Basement Finish	<input type="checkbox"/> Roofing repair (\$120 + Surcharge. Limited to 300 sq. ft.)	<input type="checkbox"/> Siding (Townhomes) (\$70 per unit + Surcharge)	
	<input type="checkbox"/> Deck	<input type="checkbox"/> Roofing (Townhomes)(\$70 per unit + Surcharge)	<input type="checkbox"/> Roofing and siding combined (300 + Surcharge)	
	<input type="checkbox"/> Drain Tile	<input type="checkbox"/> Siding replacement (\$160 + Surcharge)	<input type="checkbox"/> Windows number of _____ (\$160 + surcharge)	
	<input type="checkbox"/> Garage/Shed		<input type="checkbox"/> Other	
	<input type="checkbox"/> Addition			
	<input type="checkbox"/> Remodel			
	<input type="checkbox"/> Swimming pool			
	<input type="checkbox"/> Exterior door			
<b>DESCRIPTION OF WORK</b>	_____			
	Square Footage: _____	Width: _____	Length: _____	Height: _____
<b>VALUATION</b> 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: \_\_\_\_\_

<b>PERMIT FEE:</b>	\$ _____	Based on valuation-- (Call for a Quote) 763-706-3670—Minimum fee of \$65
<b>PLAN REVIEW:</b>	\$ _____	
<b>SURCHARGE:</b>	\$ _____	(0.0005) Times the Job Valuation
<b>SAC CHARGE:</b>	\$ _____	
<b>CONTRACT LICENSE:</b>	\$ _____	
<b>TOTAL DUE:</b>	\$ _____	Make Checks Payable to the City of Columbia Heights