

**City of Cannon Falls**  
**Application for Building Permit**

City Hall | 918 River Road  
 Cannon Falls, Minnesota 55009  
 Telephone: 507.263.9300 | www.cannonfallsmn.gov

**Applicant's Name.** Who is Signing Below? \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Applicant's Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**Applicant's Company** (If Applicable): \_\_\_\_\_ **License or Bond Number:** \_\_\_\_\_  
 Company's Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **Parcel Number:** \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City or Township: \_\_\_\_\_  
**Property Owner Name:** \_\_\_\_\_ Size of Parcel: \_\_\_\_\_  
 Owner's Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Project Information.** Circle Type of Permit: **Residential** or **Non-Residential**. If not residential, specify: \_\_\_\_\_  
 State the **Use** of Structure: \_\_\_\_\_ **Size** of Structure or Project: \_\_\_\_\_  
 Circle **Type** of Work: New / Addition / Repair or Remodel / Re-Roof / Plumbing / Mechanical / Other: \_\_\_\_\_  
**Year Built** (For Existing Structures): \_\_\_\_\_ **Market Value** of Proposed Project or Work (**Required** by SBC): \$ \_\_\_\_\_  
**Describe** Proposed Project and Scope of Work: \_\_\_\_\_

General Contractor: \_\_\_\_\_ State License: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Plumbing Contractor: \_\_\_\_\_ State License: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mechanical Contractor: \_\_\_\_\_ State Bond: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Electrical Contractor: \_\_\_\_\_ State License: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Design Professional: \_\_\_\_\_ Minnesota Registration: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Other: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

*To avoid permit expiration, **begin work and call for first inspection within 180 days of permit issuance.** I certify that information on this application is true, complete, and correct. All work done and all materials used will be in conformance with the approved plans and specifications and in compliance with the requirements of the Minnesota State Building Code and other applicable statues, ordinances, rules, and regulations that govern building construction or use.*

**X** Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **Items Below Are For Goodhue County Use** \*\*\*\*\*

Application \_\_\_\_\_ Construction Plans \_\_\_\_\_ Site Plan \_\_\_\_\_ Environmental Health Approval \_\_\_\_\_  
 Other Forms \_\_\_\_\_ Additional Plan Info \_\_\_\_\_ Other \_\_\_\_\_ Final Zoning Approval \_\_\_\_\_

**Building Official Approval** (Comments/Conditions): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

General Permit Fee: \$ _____	Valuation of Permit: \$ _____	Permit Number: _____  Issue Date: _____
Plan Check Fee: \$ _____	Occupancy Class: _____	
State Surcharge: \$ _____	Construction Type: _____	
Other Fee: \$ _____	Date Fee Paid: _____	
Total Fee: \$ _____	Receipt Number: _____	