

# City of Dennison

## Application for Building Permit

Post Office Box 56  
Dennison, Minnesota 55018  
Telephone: 507.645.7732

**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 statutes, 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: \$ \_\_\_\_\_  
 Plan Check Fee: \$ \_\_\_\_\_ Occupancy Class: \_\_\_\_\_  
 State Surcharge: \$ \_\_\_\_\_ Construction Type: \_\_\_\_\_  
 Other Fee: \$ \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_  
 Total Fee: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_