

**City of  
Farmington**

430 Third St., Farmington, MN 55024  
651-280-6830 Fax 651-280-6839



**Application For  
All Inclusive  
Building Permit**

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

<b>Site Address</b>	_____
<b>Legal Description</b>	Lot _____ Block _____ Addition _____

<b>Building Contractor</b>	Name/Company _____ Phone No. _____ Fax No. _____ Contractor License No.: _____ Expiration Date _____ Address _____ City _____ State _____ Zip _____ <b>Email:</b> _____
<b>Sewer and Water Contractor</b>	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____
<b>Plumbing Contractor</b>	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ <b>Plumbing Systems includes: Number of Baths</b> _____ <input type="checkbox"/> Water Softener <input type="checkbox"/> Water Heater <input type="checkbox"/> Irrigation Pressure Vacuum Breaker <input type="checkbox"/> Sump Pump <b>SEPARATE IRRIGATION SYSTEM PERMIT REQUIRED</b>
<b>Mechanical Contractor</b>	Company _____ Phone No. _____ <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Furnace <input type="checkbox"/> HRV/ERV <input type="checkbox"/> Other _____
<b>Fireplace Contractor</b> <i>(if applicable)</i>	Name: _____ Phone No. _____ <input type="checkbox"/> Gas Log <input type="checkbox"/> Factory Built <input type="checkbox"/> Masonry <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood

**Description of Project** \_\_\_\_\_ **Est. Value of Project** \_\_\_\_\_

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Farmington to the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Farmington and the State of Minnesota. **I HEREBY AGREE THAT THE FINAL GRADES RESULTING FROM CONSTRUCTION, ASSOCIATED WITH THIS BUILDING PERMIT, CONFORM WITH THE APPROVED GRADING PLANS FOR THE DEVELOPMENT. BUILDER/CONTRACTOR IS RESPONSIBLE FOR PROPERLY GRADING THE LOT TO AVOID PONDING OR DRAINAGE PROBLEMS OCCURING ON THIS OR ADJACENT LOTS.**

**Applicants Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.*

**OFFICE USE ONLY**

<b>Bldg Permit Type</b>	<input type="checkbox"/> - SFD <input type="checkbox"/> - Duplex <input type="checkbox"/> - Res. Multi.	<input type="checkbox"/> - Commercial <input type="checkbox"/> - Industrial <input type="checkbox"/> - Institutional	<input type="checkbox"/> - Public <input type="checkbox"/> - Other	
<b>Work Type:</b>	<input type="checkbox"/> - New <input type="checkbox"/> - Remodel/Alt.	<input type="checkbox"/> - Addition <input type="checkbox"/> - Repair		
<b>Office Use Required Inspections</b>	<input type="checkbox"/> - Footing <input type="checkbox"/> - Foundation <input type="checkbox"/> - Framing <input type="checkbox"/> - Insulation	<input type="checkbox"/> - Sheet Rock <input type="checkbox"/> - Final <input type="checkbox"/> - Plumbing <input type="checkbox"/> - Mechanical	<input type="checkbox"/> - Fire Place <input type="checkbox"/> - Sheathing <input type="checkbox"/> - Shower Pan <input type="checkbox"/> - Poured Wall	<input type="checkbox"/> - Other <input type="checkbox"/> - _____ <input type="checkbox"/> - _____

Description	\$ Sq. Ft	Total Sq.Ft.	Value
1st Floor			
1 <sup>st</sup> Floor Unfinished Lookout			
2nd Floor			
Basement (Finished)			
Basement (Unfinished)			
Garage			
Mechanical Room			
Deck			
Covered Entry Porch			
Crawl Space			
Other			
<b>TOTAL</b>			

**Application Approved By:** \_\_\_\_\_  
 Planning/Zoning

**Date:** \_\_\_\_\_

**Grading Plan Approved By:** \_\_\_\_\_  
 Engineering

**Date:** \_\_\_\_\_

**Permit Approved By:** \_\_\_\_\_  
 Building Inspector

**Date:** \_\_\_\_\_