



CITY OF GRAND RAPIDS

Website: www.cityofgrandrapidsmn.com

PERMIT APPLICATION

<input type="checkbox"/> Building / Zoning	<input type="checkbox"/> Commercial / Residential	Yes <input type="checkbox"/> No <input type="checkbox"/> Constructed Pre-1978	Yes <input type="checkbox"/> No <input type="checkbox"/> Certified Lead Renovator
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Please fill out the following information as it pertains to the proposed work to be done.

ADDRESS OF PROJECT _____
 BUSINESS NAME _____
 CURRENT USE _____ PROPOSED USE _____
 PIN _____ SUB-DIVISION _____

DESCRIPTION OF WORK _____

PROPERTY OWNER _____ PHONE NO _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

GENERAL CONTRACTOR _____ LICENSE NO _____
 ADDRESS _____ PHONE NO _____

BUILDING CONTRACTOR _____ LICENSE NO _____
 PLUMBING CONTRACTOR _____ LICENSE NO _____
 MECHANICAL CONTRACTOR _____ LICENSE NO _____
 SPRINKLER CONTRACTOR _____
 ELECTRICAL CONTRACTOR _____

ARCHITECT _____ CODE _____
 STRUCTURAL ENGINEER _____ MECHANICAL ENGINEER _____
 BUILDING SPRINKLERS YES NO

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a Permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction work is suspended or abandoned for a period of 180 days at any time after work is commenced. *Please call GOPHER ONE (1-800-252-1166) before you dig*.

APPLICANT SIGNATURE _____ PRINTED NAME _____
 PHONE NUMBER _____ DATE _____ VALUATION OF WORK \$ _____
 E-MAIL ADDRESS _____

Attach site plan, survey, building plans, specification sheets, energy calculations and Storm Water Permit information as required.

FOR OFFICE USE ONLY ZONING OFFICE REVIEW

Zoning: _____ Approved By: _____ Date Approved: _____

Zoning Comments: _____

BUILDING OFFICE REVIEW	FEES
TYPE OF CONSTRUCTION _____	Project valuation \$ _____
OCCUPANCY _____	Permit Fee \$ _____
DESIGN CODE _____	Plan Check Fee \$ _____
BUILDING OFFICE COMMENTS _____	State Surcharge \$ _____
_____	Other _____ \$ _____
BUILDING OFFICIAL APPROVAL _____	TOTAL FEES \$ _____
PERMIT NO _____ DATE APPROVED _____	

Please call (218) 326-7601 24 hours in advance, for all inspections required on your permit.
WHITE Copy to File / YELLOW Copy to Finance / PINK Copy to Applicant