



Application for Small Commercial Permit

Please complete the application accurately and entirely to expedite the permit issuance.

Development Name _____

Site address _____ Suite # _____

Business/Tenant name _____

Describe work applied for _____

New Building Remodel Other _____

Applicant Company _____ Applicant Name _____

Address _____

City/State/Zip _____ Office Phone _____

Cell _____ Email _____

The following information must be provided in order to complete the permit review process. When issued, the building permit will include all required permit fees based on the information provided.

Total Project Value \$ _____

Subcontractor Values

HVAC \$ _____ Fire Alarm System \$ _____

Plumbing \$ _____ Electrical \$ _____

Sanitary Sewer \$ _____ Excavation \$ _____

Water Service \$ _____ Paving/Curb \$ _____

Storm Sewer \$ _____ Fire Suppression \$ _____

Sprinkler Systems \$ _____

Applicant Name (please print): _____

Applicant Signature: _____

Date: _____

Issuance of a permit and inspections conducted do not constitute a guarantee or warranty from the City. The applicant hereby agrees to do all work in accordance with the ordinances of the City of Fergus Falls, State Building Code, and the requirements of the Building Inspection Department.

Project Address _____ **Suite #** _____

Building Owner _____ **Contact Name** _____

Address _____ **City/State/Zip** _____

Office Phone _____ **Cell** _____ **Email** _____

Preferred Method of Contact: **Office** **Cell** **Email**

Architect Firm _____ **Contact Name** _____

Address _____ **City/State/Zip** _____

Office Phone _____ **Cell** _____ **Email** _____

Site Superintendent _____

Office Phone _____ **Cell** _____

Email _____

General Contractor _____ **Contact Name** _____

Address _____ **City/State/Zip** _____

Office Phone _____ **Cell** _____ **Email** _____

HVAC Contractor _____ **Contact Name** _____

Address _____ **City/State/Zip** _____

Office Phone _____ **Cell** _____ **Email** _____

Plumbing Contractor _____ **Contact Name** _____

Address _____ **City/State/Zip** _____

Office Phone _____ **Cell** _____ **Email** _____

License Number _____

Electrical Contractor _____ **Contact Name** _____

Address _____ **City/State/Zip** _____

Office Phone _____ **Cell** _____ **Email** _____

License Number _____

Sprinkler System Contractor _____ **Contact Name** _____

Address _____ **City/State/Zip** _____

Office Phone _____ **Cell** _____ **Email** _____

License Number _____

Fire Alarm System Contractor _____ Contact Name _____
Address _____ City/State/Zip _____
Office Phone _____ Cell _____ Email _____
License Number _____

SWPPP Contractor _____ Contact Name _____
Address _____ City/State/Zip _____
Office Phone _____ Cell _____ Email _____
License Number _____

Excavation Contractor _____ Contact Name _____
Address _____ City/State/Zip _____
Office Phone _____ Cell _____ Email _____
License Number _____

Paving Contractor _____ Contact Name _____
Address _____ City/State/Zip _____
Office Phone _____ Cell _____ Email _____
License Number _____

Curbing Contractor _____ Contact Name _____
Address _____ City/State/Zip _____
Office Phone _____ Cell _____ Email _____
License Number _____

Concrete Contractor _____ Contact Name _____
Address _____ City/State/Zip _____
Office Phone _____ Cell _____ Email _____
License Number _____

Sub Contracted Contractor _____ Contact Name _____
Address _____ City/State/Zip _____
Office Phone _____ Cell _____ Email _____
License Number _____