

CITY OF FERGUS FALLS BUILDING DEPARTMENT
 112 W. WASHINGTON AVE
 FERGUS FALLS, MN 56537
 PHONE (218) 332-5437
 building@fergusfallsmn.gov

BUILDING PERMIT APPLICATION

PERMIT APPLICANT IS: Owner Designer Contractor Other

SITE	Type of Project
	Project Site Address

OWNER	Owner	Contact Person
	Owner Address	Phone Number
	City, State, Zip	Email

CONTRACTOR	Contractor	Contact Person	
	Contractor Address	Phone Number	
	City, State, Zip	Email	License Number (If Applicable)

DESIGN FIRM	Designer	Contact Person	
	Firm Address	Phone Number	
	City, State, Zip	Email	License Number (If Applicable)

Structural Engineer (If applicable):	Mechanical Engineer (If applicable):
--------------------------------------	--------------------------------------

PROJECT	Class of Work:	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Other
		Total Cost of Project: _____			
	Sub-Contractors: (If applicable)	Plumbing	_____		
		Mechanical	_____		
		Electrical	_____		
	Concrete	_____			

Descriptor of Work: (For residential garages, additions, decks, and porches, please draw a site plan including setbacks from property lines, on the back of this permit application):

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code; and, that I will cause the work to remain accessible and exposed for inspection purposes.

Applicant Signature	Date
---------------------	------

For Office Use Only:

Approved By Zoning on:

Notes: