



City of Brooklyn Center
 Building & Community Standards
 6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199
 Ph: (763)569-3330 TTY 711 Fax: (763)569-3360
www.cityofbrooklyncenter.org

Building Permit Application
Permit No: _____

Site Address _____ Date of Application: _____											
Tenant Name & Contact (For Commercial Only) _____											
Applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Architect											
Property Owner	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____										
Contractor (If none, leave blank)	Company Name _____ Address _____ City _____ State _____ Zip Code _____ Contact Person _____ Email _____ Company Phone _____ License No. _____ If exempt from licensing, check here: <input type="checkbox"/>										
Architect/ Engineer	Company Name _____ Address _____ City _____ State _____ Zip Code _____ Contact Person _____ Phone _____ Email _____ Registration No. _____										
(City Use Only) Census Data	<table style="width:100%; border: none;"> <tr> <td style="border: none;">New Residential</td> <td style="border: none;">Demolition</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 101 Single Family</td> <td style="border: none;"><input type="checkbox"/> 645 Demo Single Family Dwelling</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 103 Two Unit Dwelling</td> <td style="border: none;"><input type="checkbox"/> Other Demo (See Chart)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 104 3-4 Unit Building</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 105 5 or more Unit Bldg</td> <td></td> </tr> </table>	New Residential	Demolition	<input type="checkbox"/> 101 Single Family	<input type="checkbox"/> 645 Demo Single Family Dwelling	<input type="checkbox"/> 103 Two Unit Dwelling	<input type="checkbox"/> Other Demo (See Chart)	<input type="checkbox"/> 104 3-4 Unit Building		<input type="checkbox"/> 105 5 or more Unit Bldg	
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SAC Determination	<input type="checkbox"/> SAC Charge (No. of Units _____) <input type="checkbox"/> No SAC Charge <input type="checkbox"/> SAC Credits Claimed on Site for Demolition _____										

Description of work (include size for deck, garage, addition or new construction permits):

Valuation of Work Performed \$ _____

The undersigned acknowledges that this application has been read and the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.

Applicant Name _____ Signature: _____
 (Please Print)

Permits must be submitted in person or mailed. Permits will not be accepted via e-mail or fax.

City Staff Use Only

Permit Sub Type	<input type="checkbox"/>	Basement Finish		<input type="checkbox"/>	Garages		<input type="checkbox"/>	School
	<input type="checkbox"/>	Commercial		<input type="checkbox"/>	Industrial		<input type="checkbox"/>	Siding/Soffit/Fascia
	<input type="checkbox"/>	Commercial Reroof		<input type="checkbox"/>	Multi-Family		<input type="checkbox"/>	Swimming Pool
		Communication Tower		<input type="checkbox"/>	Patio Door		<input type="checkbox"/>	Townhome
	<input type="checkbox"/>	Doors – Exterior		<input type="checkbox"/>	Public Building		<input type="checkbox"/>	Two-Family
		Egress Windows		<input type="checkbox"/>	Residential Reroof		<input type="checkbox"/>	Undefined
	<input type="checkbox"/>	Fire Monitoring System		<input type="checkbox"/>	Residential SFD		<input type="checkbox"/>	Windows

Work Type		Addition	<input type="checkbox"/>	Plan Review Only
		Demo/Move Structure	<input type="checkbox"/>	Repair
		Grading/Foundation Only	<input type="checkbox"/>	Remodel/Alter
	<input type="checkbox"/>	Interior Demo Only	<input type="checkbox"/>	Replace
	<input type="checkbox"/>	Land Disturbing Permit	<input type="checkbox"/>	Tenant Finish
	<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Undefined

Required Inspections	<input type="checkbox"/>	Backfill/Insulation		Final	<input type="checkbox"/>	Partial Inspection
		Cert of Occupancy		Fireplace		Progress Check
		Code Compliance		Footing	<input type="checkbox"/>	Sheathing
	<input type="checkbox"/>	Consultation		Framing		Sheathing Paper
	<input type="checkbox"/>	Demolition		Insulation	<input type="checkbox"/>	Sheetrock
		Eaveflashing/Ice & Water		Lathe		Undefined
	<input type="checkbox"/>	Erosion Control		Partial Framing	<input type="checkbox"/>	Window Flashing

Permit Fee Calculations:	General Information	
Base Fee _____	Number of Units _____	
Plan Review _____	Number of Buildings _____	
Surcharge _____	Construction Type	Sprinklered ___ Yes ___ No
SAC (Units ___) _____	Zoning _____	
Investigation _____	IBC/IRC Occupancy Group(s) Ex. IBC-A1, IRC-4	
TOTAL FEE _____	Certificate of Occupancy Required? Yes ___ No ___	

Special Conditions/Remarks: _____

Required Approvals:	Signature	Date
Building Official/Inspector		
City Planner		
City Engineer		
Entered By		

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