



# Building Permit Application

Office use only

Permit # \_\_\_\_\_

Site Address	Date
Tenant/Building name	Suite/Unit #
Applicant <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Owner	Condominium #

**Property Owner**

Name		Phone	
Address	City	State	Zip

**Contractor**

Name		Phone	
Address	City	State	Zip
Contact person		License #	

**Architect/Engineer**

Name		Registration #	
Address	City	State	Zip
Contact person		Phone	

**Class of work**

Check only one ☐ New ☐ Addition  
☐ Alteration/Remodel ☐ Maintenance/Repair/Replace

**Type of structure**

Check only one

<input type="checkbox"/> Single family residential	<input type="checkbox"/> Recreational, amusement
<input type="checkbox"/> Single family attached to single family	<input type="checkbox"/> Residential garage
<input type="checkbox"/> Industrial buildings	<input type="checkbox"/> Two family residential
<input type="checkbox"/> Public works & utilities buildings	<input type="checkbox"/> Three-four family residential
<input type="checkbox"/> Public schools	<input type="checkbox"/> Multiple family residential
<input type="checkbox"/> Private school	<input type="checkbox"/> Offices, banks, professional
<input type="checkbox"/> Churches/religious buildings	<input type="checkbox"/> Stores/restaurants/warehouse
<input type="checkbox"/> Hotels/motels	<input type="checkbox"/> Other non-residential
<input type="checkbox"/> Fences/signs/antennas	<input type="checkbox"/> Service station/repair garage

### Project details

Project title \_\_\_\_\_

Estimated start date \_\_\_\_\_ Total valuation \$ \_\_\_\_\_

Description of work \_\_\_\_\_

### Please read and sign

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be done in conformance with the ordinances and codes of the City of Albert Lea and the Minnesota State Building Code; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

\_\_\_\_\_  
Applicant printed name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

### Do not write below this line-for office use only

#### Fee information

Plan Review Fee	\$ _____
State Surcharge	\$ _____
Permit Fee	\$ _____
Additional Fee	\$ _____
Waived Fee	\$ _____
Permit Total	\$ _____

#### Other Fees

Sewer Development Fee	\$ _____
Water Development Fee	\$ _____

Permit approved by \_\_\_\_\_

Date \_\_\_\_\_

### Bring or mail complete application to:

Inspection Department  
Bottom floor of City Hall  
221 E. Clark St., Albert Lea, MN 56007

### Or email to:

cmaras@ci.albertlea.mn.us