

City of Gilman

10371 Golden Spike Rd NE
PO Box 212
Gilman MN 56333
320-387-2789
cityofgilman@jetup.net

Date Submitted: _____
Permit Number: _____
Date Issued: _____
Date Picked Up: _____

Building Permit Application

Contractor's License #: _____

Site Address: _____

Parcel Number: _____

Owner (Name)(Address)(Phone #): _____

Email Address: _____

Architect (Name)(Address)(Phone #): _____

Builder (Name)(Address)(Phone #): _____

Lead Certification: Pre-1978 Home? Yes No

Homeowner doing work? Yes No

Contractor Certification #: _____

Type of Work: Fireplace Heating Plumbing Roofing
 Siding New Construction Garage Basement Finish
 Alterations Addition Septic Porch Misc. _____

Size of Structure: Height _____ Width _____ Depth _____

Number of Stories: _____ Estimated Value: _____

Completion Date: _____

Description of Work: _____

Minnesota State Building Code 1300.0210 Subp. 4. states; the person doing the work authorized by a permit shall notify the building official that the work is ready for inspection. Minnesota State Building Code 1300.0120 Subp. 11: Expiration: Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

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.

Applicant Signature: _____

Approved by Building Official: _____

FOR OFFICE USE ONLY

Taxes Paid Yes No

FEES

Permit Fee _____

Plan Check Fee _____

Penalty Fee _____

Plumbing Fee _____

Mechanical Fee _____

State Surcharge Fee _____

Other Fees _____

Total Fees _____

Fee Paid Check # _____

Receipt # _____

CODE ANALYSIS

Type of Construction _____

Use of Building _____

Occupancy Group _____

Occupant Load _____

Plan & Specs Sets _____

Survey Copies _____

Energy Calculations

FIRE SPRINKLER REQUIRED

Yes No

Plumbing Contractor

License #: _____

Phone #: _____

Mechanical Contractor

License #: _____

Phone #: _____

NOTES:

