

CITY OF FALCON HEIGHTS

2077 Larpenteur Ave. West, Falcon Heights, Minnesota 55113
Phone: 651-792-7600 Fax: 651-792-7610

Credit card charges will incur a 3.1% + \$0.30 convenience fee

ZONING PERMIT NO: _____

OWNER	Name	WORK ADDRESS <small>(if different than owner)</small>	Address
	Address		Property I.D. No.
	City, State, Zip Code		Property Type: _____ Residential _____ Commercial
	Phone No.		PLEASE DO NOT WRITE IN THIS SPACE Permit Fee \$ _____ State Surcharge \$ _____ Plan Check Fee \$ _____ SAC Charge (Units) \$ _____ Other. \$ _____ \$ _____ \$ _____ Penalty \$ _____ TOTAL FEE PAID \$ _____ Receipt No. _____ Date Issued _____
	Email		
CONTRACTOR	Name		
	Address		
	City, State, Zip Code		
	Phone No. _____ Fax No. _____		
	Email		
	MN License #		
	Alternate Phone/Email (optional)		

Class of Work: New Addition Alteration Repair Demolition Other _____

Type of project	Dimensions	Total Square Feet	Valuation of Work
<input type="checkbox"/> Sign			
<input type="checkbox"/> Fence			
<input type="checkbox"/> Driveway			

Description of Work:

NOTICE

- **SITE PLAN REQUIRED** FOR ALL SIGNS, FENCES, AND DRIVEWAYS.
- SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR CONDITIONING.
- PERMITS REQUIRE A MINIMUM OF 48 HOURS FOR APPROVAL DEPENDING UPON PROJECT.
- DURING THE SPRING THAW PERIOD, CONTRACTORS MUST OBTAIN PERMISSION TO BRING IN LOADS WEIGHING OVER THREE (3) TONS.
- THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.
- I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISION 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 OR CONSTRUCTION.

APPLICANTS DO NOT WRITE IN THIS SPACE

SPECIAL CONDITIONS

PERMIT APPROVAL

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER IS BUILDER) (DATE)

PRINT NAME OF APPLICANT

BUILDING OFFICIAL (IF APPLICABLE) (DATE)

ZONING CODE REVIEW (IF APPLICABLE) (DATE)

ENGINEER REVIEW (IF APPLICABLE) (DATE)