



*City of Brooklyn Center*  
 Community Development  
 6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199  
 Ph: (763)569-3330 TTY 711  
 E-mail: communitydevelopment@brooklyncentermn.gov  
 Website: [www.brooklyncentermn.gov](http://www.brooklyncentermn.gov)

**Building Permit Application**  
**Permit No:** \_\_\_\_\_

<b>Site Address</b> _____		<b>Date of Application:</b> _____	
Tenant Name & Contact (For Commercial Only) _____			
Applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Architect			
<b>Property Owner</b>	Name _____		
	Address _____		
	City _____		State _____ Zip Code _____
	Phone _____		Email _____
<b>Contractor</b> (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"/>			
<b>Architect/ Engineer</b>	Company Name _____		
	Address _____		
	City _____		State _____ Zip Code _____
	Contact Person _____		Phone _____
	Email _____		Registration No. _____
<small>(City Use Only)</small> <b>Census Data</b>	New Residential		Demolition
	<input type="checkbox"/> 101 Single Family	<input type="checkbox"/> 104 3-4 Unit Building	<input type="checkbox"/> 645 Demo Single Family Dwelling
	<input type="checkbox"/> 103 Two Unit Dwelling	<input type="checkbox"/> 105 5 or more Unit Bldg	<input type="checkbox"/> Other Demo (See Chart)
<b>SAC Determination</b>		<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):**

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**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)

## City Staff Use Only

### Property Use

Commercial

Residential Single Family

### Work Type

New	Conversion	Addition	Alteration/Remodel	Repair/Replace	Demolish/Remove
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### Permit Sub Type

Fence	Roofing	Siding/Soffit/Fascia	Windows/Doors	Fire Monitoring System
Fire Suppression System	Garage/Accessory Structure	Deck/Porch/Stoop/Ramp	Swimming Pool	Tenant Finish
Basement Finish	Grading/Land Disturbing	Footing/Foundation Only	Stucco/Veneer/Façade	Interior Remodel
Building/Structure	Egress Window	Interior Demo Only	Drain Tile/Sump Basket	Insulation

### Required Inspections

Backfill/Insulation	Final	Cert. Of Occupancy
Fireplace	Smoke/CO Alarms	Concrete Slab/Moisture Barrier
Footing	Sheathing	Consultation
Framing	Sheathing Paper	Demolition
Insulation	Sheetrock	Eave flashing/Ice & Water
Lathe	Undefined	Erosion Control
Window Flashing	Fire Caulking	

<b>Permit Fee Calculations:</b>  <b>Base Fee-10100-4222</b> _____ <b>Plan Review-10100-4222</b> _____ <b>Surcharge-10100-2355</b> _____ <b>SAC (Units _____)</b> _____ <b>Investigation</b> _____ <b>TOTAL FEE</b> _____	<b>General Information</b> Number of Units _____ Number of Buildings _____ Construction Type    Sprinklered ____ Yes ____ No Zoning _____ IBC/IRC Occupancy Group(s) Ex. IBC-A1, IRC-4 _____ Certificate of Occupancy Required? Yes ____ No ____
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Special Conditions/Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

***Permits must be submitted in person, mailed or e-mailed. Faxed applications will not be accepted***

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