CITY OF BEMIDJI
Building Permit Application

Date: ___________  Permit No: ___________

Please fill out the following information only as it pertains to the proposed work to be done:

OWNER _________________________________________________ PHONE NO. ____________

STREET ADDRESS OF PROJECT

WAS THE BUILDING ORIGINALLY CONSTRUCTED PRIOR TO 1978? YES___ NO___

IS THIS PROJECT LOCATED WITHIN 1,000 FEET OF A LAKE OR WATER WAY? YES___ NO___

BUSINESS NAME ___________________________________________ RENTAL PROPERTY? YES___ NO___

NEW STRUCTURE___ ADD/REMODEL___ REPAIR___ DEMO___ OTHER __________________

SINGLE FAMILY___ MULTI-FAMILY___ GARAGE___ COMMERCIAL___ OTHER_____________

DESCRIPTION OF WORK: __________________________________________

CONTRACTOR __________________________ PHONE NO. ____________

LICENSE NO. __________________________ LEAD CERT. NO. ____________

ARCHITECT OR DESIGNER

ENGINEER

OCCUPANCY ________ TYPE OF CONST. _______ TOTAL SQ. FT. _______ NO. STORIES _______

PLUMBING CONTRACTOR __________________________ LICENSE NO. ____________

MECHANICAL CONTRACTOR __________________________ LICENSE NO. ____________

ELECTRICAL CONTRACTOR __________________________ LICENSE NO. ____________

SPRINKLER CONTRACTOR __________________________ LICENSE NO. ____________

I hereby certify that I have read and examined 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. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction work is suspended or abandoned for a period of 180 days at any time after work is commenced.

APPLICANT SIGNATURE __________________________ PHONE NUMBER ____________

VALUATION OF WORK $__________

Attach site plan, survey, building plans, specification sheets, energy calculations and septic system information as required.

OFFICE USE ONLY

PROJECT VALUATION $__________ 

PERMIT FEE $__________ 

STATE SURCHARGE $__________ 

PLAN REVIEW FEE $__________ 

ADDRESSING FEE ($50 EACH) $__________ 

TOTAL $__________

JOINT PLANNING APPROVAL _______________

BUILDING PERMIT ISSUED BY ____________ (INITIAL)

Paid Cash____ Credit Card____ Check #_____

A  Aa  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P

Original – Building Office  Yellow – Assessor  Pink – Owner/Contractor

Rev. 2/2016