CITY OF MOORHEAD BUILDING CODES
475 RED RIVER AVE / PO BOX 779 MOORHEAD,
MINNESOTA 56561
PHONE (218)299-5424
E-MAIL buildingcodes@moorheadmn.gov

COMMERCIAL BUILDING PLAN REVIEW APPLICATION

APPLICANT IS: ❑ Owner ❑ Designer ❑ Contractor ❑ Other

SITE

Project Title
Project Site Address

OWNER

Owner	Contact Person
Owner Address	Phone Number
City, State, Zip	Email

CONTRACTOR

Contractor	Contact Person	
Contractor Address	Phone Number	
City, State, Zip		License Number (If Applicable)
	Email	

DESIGN FIRM

Designer	Contact Person	
Firm Address	Phone Number	
City, State, Zip		License Number (If Applicable)
	Email	

Civil Engineer (If applicable):	Mechanical Engineer (If applicable):
Email	Email

PROJECT

Class of Work: ❑ New ❑ Addition ❑ Alteration ❑ Other

Anticipated Start Date: _____ Total Constr Valuation: _____

Type of Construction: _____ Occupancy: _____ Square Footage: _____

Sub Contractors: (If applicable)
Plumbing _____
Mechanical _____
Electrical _____
Concrete _____

Descripton of Work: (For residential garages, additions, decks, and proches, please draw a site plan including setbacks from property lines, on the back of this permit application):

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code; and, that I will cause the work to remain accessible and exposed for inspection purposes.

Applicant Signature	Date

For Office Use Only: ❑ Cash ❑ Check ❑ Bill