



# APPLICATION FOR PERMIT

**City of  
Mendota Heights**

1101 Victoria Curve, Mendota Heights, Minnesota 55118 (651) 452-1850 (651) 452-8940

<b>DIRECTIONS: APPLICANT MUST COMPLETE SPACES 1 THROUGH 13. (PLEASE PRINT OR TYPE) RETURN ALL COPIES FOR PROCESSING</b>			CITY OFFICE USE ONLY	
1. SITE ADDRESS	2. DATE OF APPLICATION		PERMIT FEE	\$
3. LEGAL DESCRIPTION  PLAT NUMBER (P.I.D.)			PLAN CHECK FEE	\$
4. OWNER (Name) (Address) (Tel. No.) ( )			PENALTY FEE	\$
5. ARCHITECT (Name) (Address) (Tel. No.) ( )			SAC	\$
6. CONTRACTOR			WAC	\$
Firm Name ( ) Tel. No. Including Area Code			STATE SURCHARGE	\$
Firm Address State License Number			TOTAL FEE \$ _____	
Contact Person (Please Print) ( ) Tel. No. Including Area Code			ZONING DISTRICT	
SUBCONTRACTORS  <b>PLEASE COMPLETE AND ATTACH SUBCONTRACTORS LIST</b>			CONSTRUCTION TYPE	
7. TYPE OF WORK			VALUATION	
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> BASEMENT FINISH <input type="checkbox"/> FIREPLACE <input type="checkbox"/> REROOF			PROPERTY AREA SQ. FT.	
<input type="checkbox"/> ADDITION <input type="checkbox"/> DECK <input type="checkbox"/> GARAGE <input type="checkbox"/> RESIDE			FRONT YARD FT.	
<input type="checkbox"/> ALTERATIONS <input type="checkbox"/> FENCE <input type="checkbox"/> PORCH <input type="checkbox"/> SWIMMING POOL			REAR YARD FT.	
<input type="checkbox"/> ATTIC FINISH   MISC. _____			SIDE YARDS FT.                      FT.	
MISC. _____			CERTIF. OF OCCUPANCY ISSUED ON: (DATE)	
8. ESTIMATED COST	9. PROPERTY DIMENSIONS	10. NUMBER OF FAMILIES (If Applicable)	CERTIF. OF OCCUPANCY ISSUED BY:	
11. NUMBER OF STORIES	12. SIZE OF STRUCTURE (Height) (Width) (Depth)	13. COMPLETE DATE		

**NOTICE: THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE IN ACCORDANCE WITH CITY ORDINANCE NO.502, SECTION 3.5(2) AS AMENDED BY ORDINANCE JN0.328**

1. All Contractors and Sub-Contractors shall be licensed in accordance with City and/or State Requirements.
2. This permit may be revoked at any time upon violation of any of the provisions of the City building and Zoning Codes.
3. This permit does not authorize construction of sewage treatment systems, plumbing, HVAC or electrical work.

**AGKNOWLEDGMENT AND SIGNATURE**

The undersigned hereby represents upon all of the penalties of law, for the purpose of inducing the City of Mendota Heights to take the action herein requested, that all statements herein are true and that all work herein mentioned will be done in accordance with the Ordinances of the City of Mendota Heights, the State of Minnesota, and Rulings of the Building Department

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
BUILDING OFFICIAL APPROVAL

DATE PERMIT ISSUED

DATE PERMIT EXPIRES

PERMIT NUMBER

# Certificate of Occupancy

## City of Mendota Heights, Minnesota

Site Address \_\_\_\_\_

Permit Number \_\_\_\_\_

Date Approved \_\_\_\_\_

Date Issued \_\_\_\_\_

This is to certify that I have inspected the premises shown on the reverse side and that the building substantially conforms to the requirements of the ordinances of this City applicable to newly constructed buildings, or to such alterations or repairs as were covered by this building permit number and that the construction, alteration or repair has been substantially completed in accordance with the plans upon which the building permit required by ordinance was issued.

The following items are noted as incomplete or missing

and are listed as exception to completion:

These must be corrected or completed within \_\_\_\_\_ days.

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Building Official