



Application# _____

TOWN OF BURNSVILLE BUILDING PERMIT APPLICATION

Project Address: _____ Date: _____

PIN # _____

Directions: _____

Circle Permit Type: Residential Commercial Industrial Other _____

Type of Work: *Circle Applicable Type(s)*

New Addition Remodel Upfit/Repair Change of Use Moved House

Use of Property: (Circle One) Owner Occupied Rental Sale

Project Description: _____

Total Cost of Project: _____ # of Stories _____ # of Rooms _____
(If a residence) # of Bedrooms _____ # of Bathrooms _____

Total Heated Area _____ sq ft Total Unheated Area _____ sq ft

Foundation: (*Circle Applicable Type*) Basement (Finished: Yes / No) Crawlspace Slab Piers
Other _____

Owner: _____

Phone # _____ Address: _____

City _____ State _____ Zip _____

Applicant (If Different from Owner): _____

Phone # _____ Address: _____

City _____ State _____ Zip _____

Contractor: _____ NCGC LIC # _____
Phone # _____ Address: _____
City _____ State _____ Zip _____

Lien Agent: _____
Phone # _____ Address: _____
City _____ State _____ Zip _____

Sub-Contractors:

Electrical _____ State Lic # _____
Mechanical _____ State Lic # _____
Plumbing _____ State Lic # _____
Sprinkler _____ State Lic # _____
Other _____ State Lic # _____

Manufactured Homes Only:

Manufacturer _____ Size _____
Electric Furnace – Yes / No _____
Manufactured Home Dealer: _____
Phone # _____ Address: _____
City _____ State _____ Zip _____
Set-up Contractor: _____
Phone # _____ LIC # _____
Address: _____
City _____ State _____ Zip _____

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable Federal, State and local laws and regulations and that it is understood that this permit will expire if work is not commenced and inspected within six months of the date of issue. This permit will also expire if work stops at any time for 12 months or more and no inspections are performed to verify work in progress.

Contractor / Owner Signature _____
Date

Printed Name