



**CITY of CRYSTAL**

4141 Douglas Dr. N.  
Crystal, MN 55422  
Phone: 763- 531-1000  
customerservice@crystalmn.gov  
Website: www.crystalmn.gov

# Application for Building Permit

Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Rec'd By/Date \_\_\_\_\_

<b>Site Address</b>	_____
<b>Tenant/Bldg Name</b>	_____

**Applicant:** (check one)  Owner  Contractor  Tenant

<b>Property Owner</b> (provide complete information, including phone #)	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
<b>Contractor</b>	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	EPA Certificate No.: _____ Expiration Date _____
	Contact Person (Print) _____ Phone No. _____
	Address _____ City _____ State _____ Zip _____
	E-mail Address _____

<b>Permit Sub-Type:</b>	<input type="checkbox"/> - Add/Alt Residential	<input type="checkbox"/> - Garage	<input type="checkbox"/> - Reroof	<input type="checkbox"/> - Egress (1)
	<input type="checkbox"/> - Add/Alt Commercial	<input type="checkbox"/> - New Res.	<input type="checkbox"/> - Siding	<input type="checkbox"/> - Egress (2+)
	<input type="checkbox"/> - Add/Alt Industrial	<input type="checkbox"/> - Demolition	<input type="checkbox"/> - Windows (1-3)	<input type="checkbox"/> - Deck
	<input type="checkbox"/> - New Commercial	<input type="checkbox"/> - Pool	<input type="checkbox"/> - Windows (4+)	<input type="checkbox"/> - Patio Door
				<input type="checkbox"/> - Drantile
<b>Work Type:</b>	<input type="checkbox"/> - New	<input type="checkbox"/> - Repair	<input type="checkbox"/> - Demolition	
	<input type="checkbox"/> - Alteration	<input type="checkbox"/> - Move House	<input type="checkbox"/> - Remove/Install	
<b>Office Use Required Inspections</b>	<input type="checkbox"/> - Accessibility	<input type="checkbox"/> - Excavat/Grading	<input type="checkbox"/> - Forms	<input type="checkbox"/> - Masonry Reinforcement
	<input type="checkbox"/> - Braced Wall	<input type="checkbox"/> - Final	<input type="checkbox"/> - Framing	<input type="checkbox"/> - Site Inspection
	<input type="checkbox"/> - C.O. Required	<input type="checkbox"/> - Fire Wall/Draft Stop		<input type="checkbox"/> - Special
	<input type="checkbox"/> - E.F.I.S.	<input type="checkbox"/> - Fdn Waterproof	<input type="checkbox"/> - Ice Barrier-Roof	<input type="checkbox"/> - Sub-Slab Prep
	<input type="checkbox"/> - Energy Efficiency	<input type="checkbox"/> - Fdn Reinforcement	<input type="checkbox"/> - Insulation	<input type="checkbox"/> - Wallboard
	<input type="checkbox"/> - Erosion Control	<input type="checkbox"/> - Footing	<input type="checkbox"/> - Lathe	<input type="checkbox"/> - Water Barrier-Siding
<b>Office Use Census Code:</b>	<b>New</b> <input type="checkbox"/> 101 - 1 Fam. Res. Detach <input type="checkbox"/> 102 - 1 Fam. Attached <input type="checkbox"/> 103 - 2 Fam. (Duplex) <input type="checkbox"/> 104 - 3 & 4 Family <input type="checkbox"/> 105 - Multi Units 5 or more <input type="checkbox"/> 213 - Hotel/Motel <input type="checkbox"/> 214 - Other Shelter	<b>New</b> <input type="checkbox"/> 318 - Amusement/Rec. <input type="checkbox"/> 319 - Place of Worship <input type="checkbox"/> 320 - Industrial <input type="checkbox"/> 321 - Parking Garage <input type="checkbox"/> 322 - Service Station <input type="checkbox"/> 323 - Hosp./Institution <input type="checkbox"/> 324 - Office/Bank	<b>New</b> <input type="checkbox"/> 325 - Utilities <input type="checkbox"/> 326 - Schools/Ed. <input type="checkbox"/> 327 - Retail/Rest. <input type="checkbox"/> 328 - Sheds/Barns <input type="checkbox"/> 329 - Pools	<input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Comm. <input type="checkbox"/> 438 - Garage/Gar. Add. <input type="checkbox"/> 645 - Demo 1-Fam. <input type="checkbox"/> 646 - Demo 2-Fam. <input type="checkbox"/> 647 - Demo 3 & 4 Fam. <input type="checkbox"/> 648 - Demo 5 or more <input type="checkbox"/> 649 - Demo Other
<b>Office Use SAC Code</b>	<input type="checkbox"/> 01 - Single Family <input type="checkbox"/> 02 - Duplex <input type="checkbox"/> 03 - Townhouses/Condo's	<input type="checkbox"/> 10 - Apartments <b>Public Housing (20 - 23)</b> <input type="checkbox"/> 20 - Single Family	<input type="checkbox"/> 21 - Duplexes <input type="checkbox"/> 22 - Townhouses <input type="checkbox"/> 23 - Apartments	<input type="checkbox"/> 30 - Commercial/Institution <input type="checkbox"/> 40 - Industrial <input type="checkbox"/> 50 - Demolition

Permit and Plan Review Fee are based on Chapter 1300.0160 of the 2020 Minnesota State Building Code.  
**Flat fees may apply to permits that do not require plan review.**

\* \* \* (Over) \* \* \*

Description	Square Footage
1 <sup>st</sup> floor	
2 <sup>nd</sup> floor	
square footage per floor above 2 <sup>nd</sup>	
basement	
<b>total square feet</b>	
garage – attached	
garage – detached	

**OFFICE USE ONLY**

Building Permit Fee	\$ _____
Plan Review/Site Check Fee	\$ _____
State Surcharge Fee	\$ _____
S.A.C. Fee	\$ _____
Contractor License Fee	\$ _____
EPA Certificate Fee	\$ _____
Escrow (if applicable)	\$ _____
Other	\$ _____
<b>Total</b>	\$ _____

Estimated Value of Work \$ \_\_\_\_\_

Description of Work \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_

Occupancy Type \_\_\_\_\_ Construction Type \_\_\_\_\_ Zoning \_\_\_\_\_

**This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.**

The undersigned hereby certifies upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements on this application have been read and examined and are true and correct, and that all work whether specified herein or not will be done in accordance with the ordinances of the City of Crystal and the laws of the State of Minnesota

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date

**FOR HOMEOWNERS DOING THEIR OWN WORK:** I certify that I am the owner of this subject property and I or a member of my immediate family will perform the herein-described work and I will take full responsibility for the work being done.

Section 400.13

\_\_\_\_\_  
Signature of Homeowner

**Required Plan Review Submittal:**

\_\_\_\_\_ Complete Permit Application (owner's name, address, email address, phone number; signature; intake date/initials)

\_\_\_\_\_ One Energy Calculation (for new residential construction)

\_\_\_\_\_ Two Legal Surveys or Site Plans Drawn To Scale

\_\_\_\_\_ New Single/Two Family & Major Addition: Escrow Fee, Two complete sets of plans, a stormwater & erosion control plan, and a photo of the required property sign. A preconstruction meeting is required with city staff and at least 24-hours notice must be given to schedule the meeting.

\_\_\_\_\_ Other Residential: Two Complete Sets of Plans

\_\_\_\_\_ Commercial: Three Complete Sets of Plans (health/food submit a forth set directly to county or MN Dept of Ag.)

\_\_\_\_\_ Commercial: Plan Review Fee (65% of permit fee) *Once review is done this fee is due whether or not the permit is issued*

\_\_\_\_\_ Commercial: MCES (Met Council) SAC Determination Transmittal Letter (permit will not be issued until determination is received) Visit [www.metrocouncil.org](http://www.metrocouncil.org) for determination forms.

**Permit Approved By:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

**Engineering Review: Approved** \_\_\_\_\_ **Initials/Date:** \_\_\_\_\_ N/A \_\_\_\_\_

**Zoning Review: Approved** \_\_\_\_\_ **Initials/Date:** \_\_\_\_\_ N/A \_\_\_\_\_