



City of Brooklyn Center

Community Development
6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199
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Website: www.brooklyncentermn.gov

Building Permit Application

Permit No: \_\_\_\_\_

Site Address \_\_\_\_\_ Date of Application: \_\_\_\_\_

Tenant Name & Contact (For Commercial Only) \_\_\_\_\_

Applicant is: [ ] Contractor [ ] Owner [ ] Architect

Property Owner section with fields for Name, Address, City, State, Zip Code, Phone, and Email.

Contractor section with fields for Company Name, Address, City, State, Zip Code, Contact Person, Email, Company Phone, License No., and an exemption checkbox.

Architect/Engineer section with fields for Company Name, Address, City, State, Zip Code, Contact Person, Phone, Email, and Registration No.

Census Data section with checkboxes for New Residential (101, 103, 104, 105) and Demolition (645, Other Demo).

SAC Determination section with checkboxes for SAC Charge (with units) and No SAC Charge, plus a checkbox for SAC Credits Claimed on Site for Demolition.

Description of work (include size for deck, garage, addition or new construction permits):
Valuation of Work Performed \$ \_\_\_\_\_

The undersigned acknowledges that this application has been read and the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.

Applicant Name \_\_\_\_\_ Signature: \_\_\_\_\_
(Please Print)

## City Staff Use Only

### Property Use

Commercial

Residential Single Family

### Work Type

New

Addition

Alteration/Remodel

Repair/Replace

Demolish/Remove

### Permit Sub Type

Fence	Roofing	Siding/Soffit/Fascia	Windows/Doors	Fire Monitoring System
Fire Suppression System	Garage/Accessory Structure	Deck/Porch/Stoop/Ramp	Swimming Pool	Tenant Finish
Basement Finish	Grading/Land Disturbing	Footing/Foundation Only	Stucco/Veneer/Façade	Interior Remodel
Building/Structure	Egress Window	Interior Demo Only	Drain Tile/Sump Basket	Insulation

### Required Inspections

Backfill/Insulation	Final	Cert. Of Occupancy
Fireplace	Smoke/CO Alarms	Concrete Slab/Moisture Barrier
Footing	Sheathing	Consultation
Framing	Sheathing Paper	Demolition
Insulation	Sheetrock	Eave flashing/Ice & Water
Lathe	Undefined	Erosion Control
Window Flashing	Fire Caulking	

<b>Permit Fee Calculations:</b>  <b>Base Fee-10100-4222</b> _____ <b>Plan Review-10100-4222</b> _____ <b>Surcharge-10100-2355</b> _____ <b>SAC (Units _____)</b> _____ <b>Investigation</b> _____ <b>TOTAL FEE</b> _____	<b>General Information</b>	
	Number of Units _____	
	Number of Buildings _____	
	Construction Type	Sprinklered ____ Yes ____ No
	Zoning _____	
	IBC/IRC Occupancy Group(s) Ex. IBC-A1, IRC-4 _____	
	Certificate of Occupancy Required? Yes ____ No ____	

Special Conditions/Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Required Approvals:	Signature	Date
Building Official/Inspector		
City Planner		
City Engineer		
Entered By		

**Permits must be submitted in person, mailed or e-mailed. Faxed applications will not be accepted**

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