

CITY OF WINONA - Protective Inspection Department

207 Lafayette Street, Winona, MN 55987

(507)457-8231; FAX (507)457-8212

BUILDING PERMIT APPLICATION

(Please print or type)

PERMIT NO. _____

Receipt # _____

Property Address: _____

Suite/Unit No. _____

Applicant is: Owner Contractor Other

Property Owner: _____ Phone No.: _____

Address: _____

Contractor: _____ Phone No.: _____

Address: _____

State License No.: _____

City Contractor No.: _____

Brief Description of Work: _____

Job Cost: _____

Credit Card

Cash

Check

The undersigned hereby makes application for a building permit and understands work cannot start without a permit; agrees that all work will be done in compliance with the State Building Code, City Ordinances and approved plans.

Applicants Signature _____

Date _____

Permit _____

Plan Review _____

Surcharge _____

TOTAL _____

Approved by _____

Date _____

Ownership: (1) Private (2) Public

CLASS OF WORK: NEW FOU REM DEM REPAIR REPLACE ADD

USE TYPE:

Residential:

- single (101)
- two-family (103)
- 5 or more (105)
- garage, carport, shed (438)

- condo (106)
- single attached (102)
- 3-4 family (104)
- hotel, motel (213)
- mobile home (401)

Nonresidential:

- amusement, recreational (318)
- church, other religious (319)
- industrial (320)
- parking garage (321)
- service station, repair gar. (322)
- hospital, institutional (323)

- office, bank, professional (324)
- public utility (325)
- schools, other educational (326)
- stores, mercantile (327)
- other nonresidential (328)
- structure other than bldgs. (329)

BUILDING CHARACTERISTICS:

Non-Residential:

Construction type _____
Sprinkler system _____
Occupancy group _____
City water _____
City sewer _____
Sprinklers required _____
Co. required _____
Area _____
Width _____
Depth _____
Height _____
No. Stories _____

Residential:

No. of units _____
No of stories _____
No. of 1/2 baths _____
No. of 3/4 baths _____
No. of full baths _____
1st floor _____
2nd floor _____
3rd floor _____
Porch _____
Garage: _____
Attached/Detached _____
Basement: _____
 Unfin./Part-fin./Fin _____
 Construction _____
 Exterior walls _____
 Foundation _____
 No. of bedrooms _____
 Basement _____
 Garage _____
 Deck _____

Architect: _____
 Address: _____
 Registration No. _____

Phone: _____

Structural Engineer: _____
 Address: _____
 Registration No. _____

Phone: _____

Mechanical Engineer: _____
 Address: _____
 Registration No. _____

Phone: _____