

Invoice Number \_\_\_\_\_

**CITY OF WINONA - Protective Inspection Department**  
207 Lafayette Street, Winona, MN 55987  
(507)457-8231; FAX (507)457-8212, Email:inspections@ci.winona.mn.us

**BUILDING PERMIT APPLICATION** \_\_\_\_\_

**PERMIT NO.** \_\_\_\_\_

**Receipt #** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ Suite/Unit No. \_\_\_\_\_

**Applicant is:**            Owner            Contractor            Other

**Property Owner:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State License No.: \_\_\_\_\_

**Brief Description of Work:** \_\_\_\_\_

**Job Cost:** \_\_\_\_\_ **Permit Payment Type:**    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.

<b>Applicants Name</b>	<b>Date</b>
Permit _____	_____
Plan Review _____	_____
Surcharge _____	_____
<b>TOTAL</b> _____	_____

**Approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY:**

**Ownership:**    (1) Private \_\_\_\_\_    (2) Public \_\_\_\_\_

**CLASS OF WORK:**    \_\_\_NEW    \_\_\_FOU    \_\_\_REM    \_\_\_DEM    \_\_\_REPAIR    \_\_\_REPLACE    \_\_\_ADD

**USE TYPE:**

**Residential:**

_____ single (101)	_____ 5 or more (105)
_____ single-attached (102)	_____ condo (106)
_____ two-family (103)	_____ hotel, motel (213)
_____ 3-4 family (104)	_____ mobile home (401)
	_____ garage, carport, shed (438)

**Nonresidential:**

_____ amusement, recreational (318)	_____ office, bank, professional (324)
_____ church, other religious (319)	_____ public utility (325)
_____ industrial (320)	_____ schools, other educational (326)
_____ parking garage (321)	_____ stores, mercantile (327)
_____ service station, repair gar. (322)	_____ other nonresidential (328)
_____ hospital, institutional (323)	_____ structure other than bldgs. (329)