

# BUILDING PERMIT APPLICATION

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OFFICE USE ONLY	
<b>Received Date:</b>	<b>Permit Number: BLDG</b>

PROJECT ADDRESS:			
OWNER/OCCUPANT INFORMATION:			
<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Suite/Unit:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Email:</b>			
CONTRACTOR INFORMATION:			
<b>Company Name:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Suite/Unit:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Email:</b>			
<b>State License #:</b>	<b>Contact Name:</b>		

APPLICANTS SIGNATURE:	
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.	
<b>Printed Name:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Date:</b>

PROJECT VALUATION	PROJECT DESCRIPTION