

Invoice Number _____

CITY OF WINONA - Protective Inspection Department

207 Lafayette Street, Winona, MN 55987

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

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.

Applicants Name	Date
Permit _____	_____
Plan Review _____	_____
Surcharge _____	_____
TOTAL _____	_____

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) |