

DATE RCVD _____



City of Victoria
7951 Rose Street
P. O. Box 36
Victoria, MN 55386
(952) 443-4210

Building Inspection Department

COMMERCIAL AND INDUSTRIAL

COMMERCIAL BUILDING PERMIT APPLICATION

JOB SITE ADDRESS _____

LEGAL DESCRIPTION: LOT: _____ BLOCK: _____ SUBDIVISION: _____

PID NUMBER: _____

APPLICANT _____ PHONE NO: _____

STREET ADDRESS _____

CITY: _____ ZIP: _____

CONTRACTOR _____ PHONE NO: _____

STREET _____ CITY: _____

ZIP _____ CONTR. # _____

ON-SITE CONTACT _____ Cell Phone _____

ARCHITECT: _____ LICENSE #: _____

CIVIL ENGINEER: _____ LICENSE #: _____

STRUCTURAL ENGINEER: _____ LICENSE #: _____

MECHANICAL ENGINEER: _____ LICENSE #: _____

ELECTRICAL ENGINEER: _____ LICENSE #: _____

PROPOSED USE (describe in detail)

VALUATION OF WORK (excluding land): _____

IS BUILDING SPRINKLED? _____ STANDPIPES? _____

I hereby apply for mechanical permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and the codes of the city and with the state mechanical code; that I understand this is not a permit and work is not to start without a permit; and that the work will be in accordance with the approved plan.

Applicant's Signature _____ Date _____