

Invoice Number_____

CITY OF WINONA - Protective Inspection Department

207 Lafayette Street, Winona, MN 55987

(507)457-8231; FAX (507)457-8212, Email:inspections@winonamn.gov

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_____

GRAYED AREA FILLED IN BY STAFF 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)