



For Internal Use Only

Permit Fee: \$ _____

Receipt # _____

TEMPORARY STRUCTURE PERMIT APPLICATION

Property Information

Address _____ PID Number _____

Legal Description (required if no address have been assigned) _____

Applicant is (check one): Owner Tenant

Contractor; MN Registration #/Contractor # _____ Other _____

Owner Information

Name: _____

Address: _____
Street City State Zip

Phone (W) _____ Phone (H) _____ Fax _____

Applicant Information

Name: _____

Address: _____
Street City State Zip

Phone (W) _____ Phone (H) _____ Fax _____

Project Description

Is a special use permit required? Yes No

Proposed Dates of use: _____ Proposed Size of Structure (dimensions) _____

Is a tent or membrane structure over 200 sq. ft. proposed? Yes No If Yes, what size? _____ X _____ sq. ft.

Is a canopy over 400 sq. ft. proposed? Yes No If Yes, what size? _____ X _____ sq. ft.

Tents, membrane structures and canopies are subject to Chapter 24 of the International Fire Code, including providing a flame propagation performance treatment certificate to the Building Official with this application and ensuring that the label identifying the size and fabric or material is affixed to the tent, canopy or structure.

Applicant must submit site plan and aerial photo with proposed location.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Owner's Signature _____ Date _____

Owners' Printed Name _____

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Inspections must be called for at least 24 hours in advance (218) 454-5109.