

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

PERMIT # \_\_\_\_\_

Site Address:	P.I.N.:
Owner Name:	Phone:
Owner Address (if different from above):	Email:

PERMIT TYPE: Check all that apply			
<b>Building:</b>	<input type="checkbox"/> Roofing	<input type="checkbox"/> Siding	<input type="checkbox"/> Window/Door
<b>Plumbing:</b>	<input type="checkbox"/> Water Heater Changeout	<input type="checkbox"/> Water Softener Changeout/New	<input type="checkbox"/> Lawn Irrigation
<b>Mechanical:</b>	<input type="checkbox"/> Furnace/AC/Ventilation	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Garage Unit Heater <input type="checkbox"/> Gas Line Only

CONTRACTOR INFORMATION		
<input type="checkbox"/> Property Owner	Building Contractor Name: Address:	License #: Phone:
<input type="checkbox"/> Property Owner	Plumbing Contractor Name: Address:	License #: Phone:
<input type="checkbox"/> Property Owner	Mechanical Contractor Name: Address:	Bond #: Phone:
Valuation of Work:		
Description of Work:		

*I hereby apply for a building permit, and I acknowledge that the information included with the application is complete and accurate; that the work will be in conformance with the ordinances of the City of Victoria and with the MN State Building Code.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY	
Building Official:	Date:

Comments: