



Building Inspection Department

RESIDENTIAL REMODEL APPLICATION

Building Permit Application by **CONTRACTOR**

JOB SITE ADDRESS _____

CONTRACTOR _____ PHONE() _____

STREET _____ CITY _____ ZIP _____

CONTRACTOR # _____

ON-SITE CONTACT NAME _____ CELL PHONE () _____

PLUMBING BY: _____ PHONE _____

TYPE OF WORK (describe in detail) _____

VALUATION OF WORK (excluding land)

SQ FOOTAGE

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the city and with the state building 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.

I understand that a copy of my current business license and a copy of my certificate of insurance will be on file with the city prior to the start of the permitted job covered under this application.

Applicant's signature _____ Date _____

Print applicant's name _____

City of Victoria
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