TELECOMMUNICATION PERMIT APPLICATION
METROPOLITAN AIRPORTS COMMISSION

6040-28th AVENUE SOUTH
MINNEAPOLIS, MN 55450-2799
612-467-0425(ph) **Email to MACPermits@mspmac.org**

OFFICE USE ONLY

*PERMIT NUMBER:*_____

*PROJECT NUMBER:*_____

DATE:_____ **MAC NUMBER:**_____

SITE ADDRESS:_____

PROJECT VALUATION/BID AWARD AMOUNT $:_____

MAC PROJ. MANAGER NAME:_____ **PHONE NUMBER:** _____

APPLICANT IS: ☐ **CONTRACTOR** ☐ **ARCHITECT** ☐ **ENGINEER** ☐ **OTHER**

PROPERTY OWNER/TENANT NAME

NAME:_____

ADDRESS:_____

CITY:_____**ST**_____**ZIP CODE:**_____

CONTACT PERSON:_____**PHONE NUMBER:**_____

Email:_____

CONTRACTOR NAME

NAME:_____

ADDRESS:_____

CITY:_____**ST**_____**ZIP CODE**_____

CONTACT PERSON_____**PHONE NUMBER**_____

Email:_____

ARCHITECT/ENGINEER NAME

NAME_____

ADDRESS_____

CITY_____**ST**_____**ZIP CODE**_____

CONTACT PERSON_____**PHONE NUMBER**_____

Email:_____

REGISTRATION NUMBER_____

CLASS OF WORK (CHECK ONE ONLY) ☐ **NEW** ☐ **ADDITION** ☐ **ALTERATION/REMODEL** ☐ **MAINTENANCE/REPAIR/REPLACE**

TYPE OF STRUCTURE-CHECK ONE ONLY

- ☐ **OFFICES, BANKS, PROFESSIONAL**
- ☐ **STORES, RESTAURANTS, WAREHOUSE**
- ☐ **HOTELS, MOTELS**
- ☐ **PARKING GARAGE**
- ☐ **OTHER NON HOUSEKEEPING SHELTER**
- ☐ **INDUSTRIAL BUILDINGS**
- ☐ **PUBLIC WORKS/UTILITIES BUILDING**
- ☐ **CHURCHES/RELIGIOUS BUILDINGS**
- ☐ **HOSPITAL AND INSTITUTIONAL BUILDINGS**
- ☐ **SERVICE STATIONS/REPAIR GARAGE**
- ☐ **RECREATIONAL, AMUSEMENT**
- ☐ **OTHER NON-RESIDENTIAL**
- ☐ **FENCES, SIGNS, ANTENNAS**
- ☐ **OTHER NON-BUILDING STRUCTURES**

PLEASE COMPLETE OTHER SIDE

DESCRIPTION OF WORK:_____

_____

_____

_____

DOES PROJECT INVOLVE FOOD, BEVERAGE, VENDING STORAGE/PREPARATION? ☐ **YES** ☐ **NO**

I HEREBY APPLY FOR A TELECOMMUNICATION/ANTENNA PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCE AND CODES OF THE METROPOLITAN AIRPORTS COMMISSION AND WITH THE MINNESOTA BUILDING CODES; THAT I UNDERSTAND THIS IS NOT A PERMIT BUT ONLY AN APPLICATION FOR PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT; THAT THE WORK WILL BE IN ACCORDANCE WITH THE APPROVED PLAN IN THE CASE OF ALL WORK WHICH REQUIRES REVIEW AND APPROVAL OF PLANS

_____ _____

APPLICANT'S SIGNATURE **DATE**

OFFICE USE ONLY

OFFICE VALUATION (EXCLUDING LAND)$:_____

NUMBER OF UNITS:_____ **NUMBER OF BUILDINGS:**_____

SPRINKLED: ☐ **YES** ☐ **NO** **TYPE OF CONSTRUCTION:**_____

OCCUPANCY GROUP (S): _____ _____ _____ _____ _____

SETBACKS: FRONT:_____**REAR:**_____**SIDE:**_____

STORIES:_____ **SQUARE FT:**_____**HEIGHT:**_____

LENGTH:_____ **WIDTH:**_____

PARKING SPACES REQUIRED:_____ **HANDICAP SPACES REQUIRED:**_____

NUMBER OF SAC UNITS:_____ **SAC LETTER REC'D FROM METROPOLITAN COUNCIL:** ☐ **YES (ATTACH COPY)** ☐ **NO**

REQUIRED INSPECTIONS:

Certificate of Occupancy	**Floor Slab**	**Roofing**
Consultation	**Footing**	**Sheet Rock**
Drain Tile	**Insulation**	**Site**
Final	**Framing**	**Other**
Fire Stopping	**No Inspections Required**	**Other**
Firewall	**Plan Review**	**Other**

CONDITIONS OF ISSUANCE:_____

_____

_____

_____

_____

FEE INFORMATION:

PERMIT FEE: ☐ **YES** ☐ **NO** **PLAN REVIEW FEE** ☐ **YES** ☐ **NO** **INVESTIGATION FEE** ☐ **YES** ☐ **NO** **SAC FEE** ☐ **YES** ☐ **NO**

ADDITIONAL INSPECTION FEE: ☐ **YES** ☐ **NO** **ADDITIONAL PLAN REVIEW FEE:** ☐ **YES** ☐ **NO**

PERMIT FEE $:_____ **PLAN REVIEW FEE $:**_____ **INVESTIGATION FEE $:**_____

SAC FEE $:_____ **ADDITIONAL INSPECTION FEE $:**_____

ADDITIONAL PLAN REVIEW FEE $:_____ **TOTAL PERMIT FEE $:**_____

PERMIT APPROVAL LIST ROUTED: ☐ **YES** ☐ **NO** **DATE:**_____

PERMIT APPLICATION APPROVED BY:_____**DATE:**_____

PERMIT PROCESSED BY:_____**DATE:**_____