

MOVING PERMIT APPLICATION METROPOLITAN AIRPORTS COMMISSION

6040-28th AVENUE SOUTH
MINNEAPOLIS, MN 55450-2799
612-467-0425(ph) 612-713-7440(fx)

OFFICE USE ONLY

PERMIT NUMBER: _____

PROJECT NUMBER: _____

DATE: _____ MAC NUMBER: _____

CURRENT SITE ADDRESS: _____

NEW SITE ADDRESS ON THE MAC CAMPUS: _____

NEW SITE ADDRESS IF OFF OF THE MAC CAMPUS: _____

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: _____

FAX NUMBER: _____

CONTRACTOR NAME

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

FAX NUMBER: _____

ARCHITECT/ENGINEER NAME

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

FAX NUMBER: _____

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: _____

I HEREBY APPLY FOR A MOVING 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)\$: _____

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	Framing	Site
Final	Insulation	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 CREDITS DUE _____ YES _____ QTY _____ NO

PERMIT FEE \$: _____ PLAN REVIEW FEE \$: _____

INVESTIGATION FEE \$: _____

SAC FEE \$: _____

ADDITIONAL PLAN REVIEW FEE \$: _____

TOTAL PERMIT FEE \$: _____

PERMIT APPROVAL LIST ROUTED: YES NO

DATE: _____

PERMIT APPLICATION APPROVED

BY: _____ DATE: _____

PERMIT PROCESSED

BY: _____ DATE: _____