

ELECTRICAL PERMIT APPLICATION METROPOLITAN AIRPORTS COMMISSION

6040-28th AVENUE SOUTH
MINNEAPOLIS, MN 55450-2799
For Inspections Call: 612-210-4257

OFFICE USE ONLY

PERMIT NUMBER: _____

PROJECT NUMBER: _____

Email to MACPermits@mspmac.org

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: _____

CONTRACTOR NAME

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

ARCHITECT/ENGINEER NAME

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

CONTACT PERSON _____ PHONE 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:

DOES PROJECT INVOLVE FOOD, BEVERAGE, VENDING STORAGE/PREPARATION?	YES	NO
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FEES = 2% OF JOB COST

I HEREBY APPLY FOR A ELECTRICAL 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

CONDITIONS OF ISSUANCE: _____

PERMIT APPROVAL LIST ROUTED: YES NO DATE: _____

PERMIT APPLICATION APPROVED BY: _____ DATE: _____

PERMIT PROCESSED BY: _____ DATE: _____