**DESTRUCTION PERMIT APPLICATION**

**METROPOLITAN AIRPORTS COMMISSION**

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

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| 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: ____________________________

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

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<th>TYPE OF STRUCTURE-CHECK ONE ONLY</th>
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- 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 DEMO 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  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 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: ____________________________