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:__________________________

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 □ CHURCHES/RELIGIOUS BUILDINGS
□ STORES, RESTAURANTS, WAREHOUSE □ HOSPITAL AND INSTITUTIONAL BUILDINGS
□ HOTELS, MOTELS □ SERVICE STATIONS/REPAIR GARAGE
□ PARKING GARAGE □ RECREATIONAL, AMUSEMENT
□ OTHER NON HOUSEKEEPING SHELTER □ OTHER NON-RESIDENTIAL
□ INDUSTRIAL BUILDINGS □ FENCES, SIGNS, ANTENNAS
□ PUBLIC WORKS/UTILITIES BUILDING □ 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 LANDS):

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:

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<th>Certificate of Occupancy</th>
<th>Floor Slab</th>
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<td>Consultation</td>
<td>Footing</td>
<td>Sheet Rock</td>
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<td>Drain Tile</td>
<td>Framing</td>
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<td>Insulation</td>
<td>Other</td>
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<tr>
<td>Fire Stopping</td>
<td>No Inspections Required</td>
<td>Other</td>
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<tr>
<td>Firewall</td>
<td>Plan Review</td>
<td>Other</td>
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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: ____________________________________________