

# ACCESSIBILITY CODE BUILDING PERMIT

## Building Information

Building Permit Number: \_\_\_\_\_ Permit Date \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Occupancy Classification: \_\_\_\_\_

## Comments

### Applicant

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Owner

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

## Fees and Charges

Permit Fee: \_\_\_\_\_ Valuation of Accessibility Work: \_\_\_\_\_  
Plan Review Fee: \_\_\_\_\_  
Surcharge Fee: \_\_\_\_\_  
Total: \_\_\_\_\_

## Notice

The work for which this permit is issued shall be performed according to: (1) the terms of this permit; (2) the approved plans and specifications; and (3) the Minnesota State Accessibility Code. This permit is for only the work described, and does not grant permission for additional or related work which requires separate permits. This permit will expire and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced. All necessary accessibility inspections shall be requested in conformance with the Minnesota State Building Code.

Permit Approved By: \_\_\_\_\_

Date: \_\_\_\_\_